

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002063

Entity Name: M & V, L.L.C.

FILED
Jan 20, 2005
Secretary of State

Current Principal Place of Business:

7836 CHERRY LAKE ROAD
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

7836 CHERRY LAKE ROAD
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 46-0516750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALLIN, MICHEL
7836 CHERRY LAKE ROAD
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SALLIN, MICHEL A
Address: 7836 CHERRY LAKE ROAD
City-St-Zip: GROVELAND, FL 34736

Title: MGR () Delete
Name: SALLIN, MELANIE
Address: 7836 CHERRY LAKE ROAD
City-St-Zip: GROVELAND, FL 34736

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RESSLER, MELANIE S
Address: 7836 CHERRY LAKE ROAD
City-St-Zip: GROVELAND, FL 34736

Title: MGRM () Change (X) Addition
Name: SALLIN, VERONIQUE
Address: 7836 CHERRY LAKE ROAD
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MELANIE S RESSLER

MGR

01/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date