2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007545

City-St-Zip:

LAKE PLACID, FL 338621677

Entity Name: B.M.M., ENTERPRISES, LLC

FILED Jun 18, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 101 VISION STREET LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** P.O. BOX 1677 LAKE PLACID, FL 338621677 FEI Number: 58-2674422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RILEY, ALEX CPA 8192 COLLEGE PARKWAY SUITE A1 FORT MYERS, FL 33919 US 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/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BRANCH, FRANK JR Name: Name: Address: P.O. BOX 1677 Address: City-St-Zip: LAKE PLACID, FL 338621677 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MCGAHEE, SELVIN Name: Address: P.O. BOX 1677 Address: City-St-Zip: LAKE PLACID, FL 338621677 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCMINNS, NORMAN Name: Name: Address: P.O. BOX 1677 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: FRANK BRANCH JR MGRM 06/18/2009