

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015188

Entity Name: N & M ENTERPRISES, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

1510 E. AMELIA ST.  
ORLANDO, FL 32819

**New Principal Place of Business:**

11976 KAJETAN LANE  
ORLANDO, FL 32827

**Current Mailing Address:**

1510 E. AMELIA ST.  
ORLANDO, FL 32819

**New Mailing Address:**

11976 KAJETAN LANE  
ORLANDO, FL 32827

FEI Number: 54-2107542      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:**

JOHNSON, MELVIN L  
1510 E. AMELIA ST.  
ORLANDO, FL 32819      US

**Name and Address of New Registered Agent:**

JOHNSON, MELVIN L  
11976 KAJETAN LANE  
ORLANDO, FL 32827      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:

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JOHNSON, MELVIN L  
Address: 1510 E. AMELIA ST.  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: JOHNSON, MELVIN L  
Address: 11976 KAJETAN LANE  
City-St-Zip: ORLANDO, FL 32827

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.

SIGNATURE: MELVIN JOHNSON

MGRM

05/01/2008

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