

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016700 1. Entity Name DOUBLE M, LLC	
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Principal Place of Business 11066 54TH STREET NORTH WEST PALM BEACH, FL 33411	Mailing Address P.O. BOX 210847 ROYAL PALM BEACH, FL 33421
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01312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1665811

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, MIRIAM A
11066 54TH STREET NORTH
WEST PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when returning.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1001000466049
03/23/06 30027-003 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SURPRENANT, MARIA 875 ALHAMBRA CIRCLE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAXWELL, MIRIAM A PO BOX 210847 ROYAL PALM BEACH, FL 33411
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Miriam A. Maxwell* **Miriam A. Maxwell** 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #