

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000016700

1. Entity Name
DOUBLE M, LLC



Principal Place of Business
**11066 54TH STREET NORTH
WEST PALM BEACH, FL 33411**

Mailing Address
**P.O. BOX 210847
ROYAL PALM BEACH, FL 33421**



03312008 No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000913655
05/08/08-80024-023 143.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGR |
| NAME | SURPRENANT, MARIA |
| STREET ADDRESS | 875 ALHAMBRA CIRCLE |
| CITY- ST- ZIP | MIAMI, FL 33146 |
| TITLE | MGR |
| NAME | MAXWELL, MIRIAM A |
| STREET ADDRESS | PO BOX 210847 |
| CITY- ST- ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
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** *May 4/10/08* **561-798-1377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #