## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 12, 2005 08:00 AM DOCUMENT # L03000021120 1. Entity Name **Secretary of State** M.D.M., LLC Principal Place of Business Mailing Address 6320 205TH STREET EAST BRADENTON FL 34211-7308 6320 205TH STREET EAST **BRADENTON FL 34211-7308** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State Applied For City & State 4. FEI Number 20-0088556 Not Applicable Zip Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNSADER, MICHAEL T 6320 205TH STREET EAST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34211-7308** Zip Code 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when remstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. nne Change Addition MGRM TITLE Detete U00000227515 02/12/05-80059-015 50.00 HUNSADER, MICHAEL T NAME NAME STREET ADDRESS 6320 205TH STREET EAST STREET ADDRESS CITY-ST ZIP **BRADENTON FL 34211-7308** CITY ST-ZIF TITLE ☐ Change □ Addition THILE MGRM ☐ Delete NAME HUNSADER, DAVID J STREET ADDRESS STREET ADDRESS 6320 205TH STREET EAST CITY ST-ZIP **BRADENTON FL 34211-7308** GHY-ST ZIP Addition Change TITLE MLE MGRM Delete NAME NAME RAYE, MARCUS F JR. STREET ADDRESS STREET ADDRESS 6320 205TH STREET EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34211-7308** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI ZIF CITY-ST-ZIP ☐ Addition ☐ Change IIILE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

SIGNATURE:

FILED