

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # L04000008108

1. Entity Name
M&M FUNDING, LLC



Principal Place of Business

**690 NORTHEAST 23RD AVENUE, SUITE A
GAINESVILLE, FL 32609**

Mailing Address

**690 NORTHEAST 23RD AVENUE, SUITE A
GAINESVILLE, FL 32609**



02162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

32-0105778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN
690 NORTHEAST 23RD AVENUE, SUITE A
GAINESVILLE, FL 32609**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000651288
03/09/07-80001-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CRAWFORD, JOHN G
8222 SW 102ND AVE
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LATHAM, WILLIAM I III
12704 SW 28TH PLACE
ARCHER, FL 32618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CRAWFORD, GARY L
9718 SW 19TH AVE
GAINESVILLE, FL 32607**

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: _____

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

Date

Daytime Phone #

2/20/07 352-373-3387