2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L04000008609

Entity Name: P & M ENTERPRISES LLC

Current Principal Place of Business:

8406 FELICIA LANE
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

128 KATHY ANN DRIVE
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 26-6571416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, PATRICK
128 KATHYANN DR
CRAWFORDVILLE, FL 32337 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MOORE, PATRICK
Address: 128 KATHY ANN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete
Name: MOORE, ANDREW
Address: 8106 FELICIA LANE
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM ( ) Delete
Name: CARNIVALE, KATRINA
Address: 128 KATHY ANN DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MICHAEL, COOLEY D
Address: 3925 PEACOCK LANE
City-St-Zip: TALLAHASSEE, FL 32309

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: PATRICK R MOORE MGRM 01/08/2008

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