

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000017256

1. Entity Name  
M & MG VENTURES, LLC



Principal Place of Business

1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

Mailing Address

P.O. BOX 5651  
LIGHTHOUSE POINT, FL 33074-5651



02192008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
73-1696799

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDLIN, PATRICIA L  
1600 HIGHWAY 70 EAST  
OKEECHOBEE, FL 34974

**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**

U00000888955  
04/22/08-80031-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SANDLIN, ROBERT A  
STREET ADDRESS P.O. BOX 5651  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 330745651

TITLE MGRM  
NAME SANDLIN, PATRICIA L  
STREET ADDRESS P.O. BOX 5651  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 330745651

TITLE MGRM  
NAME BELL, MICHELE E  
STREET ADDRESS POB 5651  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33074

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 #

4/8/08

863-6970000