


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 027 ****50.00

DOCUMENT # L04000024722 1. Entity Name N&M, LLC	
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Principal Place of Business 8037 VERA CRUZ WAY NAPLES, FL 34109-7149	Mailing Address 8037 VERA CRUZ WAY NAPLES, FL 34109-7149
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60023324



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0862746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PRYSI, MARK F 8037 VERA CRUZ WAY NAPLES, FL 34109-7149

**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.

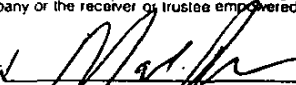
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM N&M, LLC 8037 VERA CRUZ WAY NAPLES, FL 34109
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**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

✓ 1-31-2007 ✓ 239 6433443

Date

Daytime Phone #