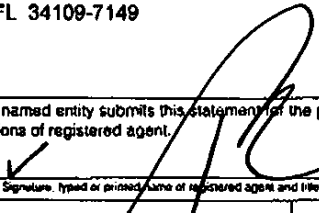
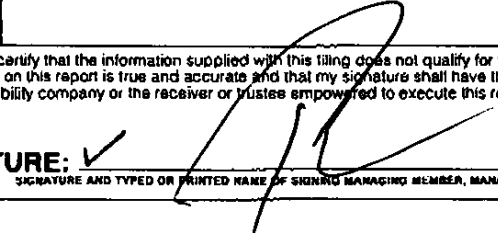


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90040 020 ***138.75

DOCUMENT # L04000024722			
1. Entity Name N&M, LLC			
Principal Place of Business 8037 VERA CRUZ WAY NAPLES, FL 34109-7149		Mailing Address 8037 VERA CRUZ WAY NAPLES, FL 34109-7149	
2. Principal Place of Business - No P.O. Box # 356 Cromwell Court		3. Mailing Address 356 Cromwell Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country US	Zip 34108	Country US
4. FEI Number 55-0862746		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRYSI, MARK F 8037 VERA CRUZ WAY NAPLES, FL 34109-7149		7. Name and Address of New Registered Agent Name Mark F Prysi Street Address (P.O. Box Number is Not Acceptable) 356 Cromwell Court City Naples FL Zip Code 34108	
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 		DATE 4-29-2008	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM N&M, LLC 8037 VERA CRUZ WAY NAPLES, FL 34109 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Mark F Prysi 356 Cromwell Court Naples, FL 34108 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE 4-29-2008 239-643-3223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	