

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043541

1. Entity Name
PDMM LLC



Principal Place of Business
609 JACKSON ST.
TAMPA, FL 33602 US

Mailing Address
609 E. JACKSON ST.
TAMPA, FL 33602 US



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2520880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITISCI, LEE
609 E. JACKSON ST.
TAMPA, FL 33602

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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	MGRM
NAME	PITISCI, LEE
STREET ADDRESS	609 E. JACKSON ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	DOWELL, JEREMY D
STREET ADDRESS	2927 TAMBAY AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	MGRM
NAME	MARKOWITZ, HOWARD P
STREET ADDRESS	3936 DORAL DRIVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	MGRM
NAME	MURPHY, JEFFREY D
STREET ADDRESS	3924 SEVILLA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/07-80002-001 50.00

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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

1/10/07

Date

813-228-9233

Daytime Phone #