

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 049 ****50.00

DOCUMENT # L04000045315

1. Entity Name
PMP INVESTMENTS, LLC



Principal Place of Business
**1050 COUNTRY RANCH ROAD
DELEON SPRINGS, FL 32130 US**

Mailing Address
**1050 COUNTRY RANCH ROAD
DELEON SPRINGS, FL 32130 US**

20002552



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-1249155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOYER, MITCH
1050 COUNTRY RANCH ROAD
DELEON SPRINGS, FL 32130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
PENC, LLC
30 FARMINGTON LANE
PALM COAST, FL 321308204**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR M

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
MBMJ INVESTMENTS, LLC
1050 COUNTRY RANCH ROAD
DELEON SPRINGS, FL 32130**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR M

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
FERRENTINO, PETER A
99 GODDARD DRIVE
DEBARY, FL 32713**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Mitch Moyer, mgr

MITCH MOYER

1-22-07

386-804-5218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #