

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90223 017 \*\*\*\*50.00

**DOCUMENT # L04000087729**

1. Entity Name

M AND M CONSULTANTS, LLC



Principal Place of Business

7409 TEXAS TRAIL  
BOCA RATON FL 33487  
US

Mailing Address

7409 TEXAS TRAIL  
BOCA RATON FL 33487  
US

2. Principal Place of Business

4877 N. Classical Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

4877 N. Classical Blvd.  
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Delray Beach

City & State

Delray Beach

4. FEI Number

201974731

Applied For

Not Applicable

Zip

33445

Country

US

Zip

33445

Country

US

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLIGAN, MANON  
7409 TEXAS TRAIL  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Mulligan, Manon

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

4877 N. Classical Blvd.

City

Delray Beach

FL

Zip Code

33445

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

*Manon Mulligan*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-05

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MULLIGAN, MANON  
STREET ADDRESS 7409 TEXAS TRAIL  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Mulligan, Manon  
STREET ADDRESS 4877 N. Classical Blvd.  
CITY-ST-ZIP Delray Beach, FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Manon Mulligan*

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

6-1-05

561-512-8697

Date

Daytime Phone #