

FILED
Aug 24, 2005 8:00 am
Secretary of State

20067113

[illegible]

DOCUMENT # L04000092429				Secretary of State 08-24-2005 90021 013 ****50.00	
1. Entity Name M & M CONSTRUCTION, LLC					
Principal Place of Business 4450 NW 120TH ST CHIEFLAND, FL 32626 US		Mailing Address 4450 NW 120TH ST CHIEFLAND, FL 32626 US			
2. Principal Place of Business 4450 NW 120th St. Suite, Apt. #, etc. Chiefland, Fl. City & State		3. Mailing Address 4450 NW 120th St. Suite, Apt. #, etc. Chiefland, Fl. City & State		20067113 	
Zip 32626 Country USA		Zip 32626 Country USA		08152005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent EDMONDS, BARBARA 4450 NW 120TH ST CHIEFLAND, FL FL		4. FEI Number 75-3176271 Applied For Not Applicable			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 <u>Barbara L Edmonds</u> 8/21/05 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 September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDMONDS, MICHAEL L 4450 120TH STREET CHIEFLAND, FL 32626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOTULIS, MICHAEL T 7960 SE 32ND PLACE NEWBERRY, FL 32669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDMONDS, BARBARA L 4450 NW 120TH STREET CHIEFLAND, FL 32626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Barbara L Edmonds</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		8/21/05 800-4297 Date Daytime Phone #			

(h) 352.490.4138