## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035005

1. Entity Name M&A HOMES, LLC



FILED Feb 25, 2008 08:00 Al Secretary of State

Principal Place of Business

7232 JOHN SILVER LANE SARASOTA, FL 34231 Mailing Address

7232 JOHN SILVER LANE SARASOTA, FL 34231



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02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2735742

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, GAIL R 7232 JOHN SILVER LANE SARASOTA, FL 34231

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• •		· ·		* * * * *	·	
	named entity submits this statement for the purpose of chaions of registered agent.	nging its registered office or registered agent, or both	n, in the State of Florida. I an	n familiar with	n, and accept	7
SIGNATURE	-					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist		(NOTE: Registered Agent signature required when reinstating)	DATE			_
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000340 03/06/08-800	228 140-008	138.75	_
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM		(			
NAME	MURPHY, GAIL R					
STREET ADDRESS	7232 JOHN SILVER LANE		•	. ,		٠
CITY-ST-ZIP	SARASOTA, FL 34231					
TITLE	MGRM		•			•
NAME	ANDREU, KENNETH	•				
STREET ADDRESS	3244 KENMORE DR					
CITY-SI-ZIP	SARASOTA, FL 34231		•			
TITLE						

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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:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL OF ADDRESS
CITY-ST-ZIP
CONTROL OF ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

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

2/20/2018

Daytime Phone #