

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000043305

1. Entity Name
M & M OF LAKE ALFRED, L.L.C.



Principal Place of Business

**5617 HARRELL'S NURSERY ROAD
LAKELAND, FL 33813
2907 Reynolds Rd
Lakeland FL 33803**

Mailing Address

**5617 HARRELL'S NURSERY ROAD
LAKELAND, FL 33813**



05052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2773907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIVEDI, NAMRATA
5617 HARRELL'S NURSERY ROAD
LAKELAND, FL 33813**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRIVEDI, NAMRATA
STREET ADDRESS	5617 HARRELL'S NURSERY ROAD
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

U00000950264
06/02/08-80061-009 138.75

**DO NOT WRITE
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:

Namrata Trivedi

5/5/8

883-670-2624

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

Date

Daytime Phone #