

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000047822

1. Entity Name
M & M AND R DEVELOPMENT, LLC



Principal Place of Business
**ATLANTIS INDUSTRIAL PARK, LOT 3
BUNNELL, FL 32110**

Mailing Address
**1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117**



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2880400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOREA, NANCY
18 CORTES COURT
PALM COAST, FL 32137**

**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
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOREA, NANCY
STREET ADDRESS	18 CORTES COURT
CITY- ST- ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	MOREA, MICHAEL
STREET ADDRESS	18 CORTES COURT
CITY- ST- ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	MOREA, JOSEPHINE
STREET ADDRESS	1895 BAY BOULEVARD
CITY- ST- ZIP	ATLANTIC BEACH, NY 11509
TITLE	MGRM
NAME	RAYMOND, GARY
STREET ADDRESS	5 CHEVIL WAY
CITY- ST- ZIP	PALM COAST, FL 32137
TITLE	MGRM
NAME	RAYMOND, ANGELA
STREET ADDRESS	5 CHEVIL WAY
CITY- ST- ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000930529
05/21/08-80113-002 143.75

**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: *Nancy Morea*

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

4-24-08

Date

386-447-2222

Daytime Phone #