

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055478

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** M & M VENTURES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

4035 W 1ST ST LEASE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1824 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779

**New Mailing Address:**

4035 W 1ST ST LEASE  
SANFORD, FL 32771

**FEI Number:** 20-2950800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STANLEY, MICHAEL A  
2320 NAPOLEON BONAPARTE DRIVE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: STANLEY, MICHAEL A  
Address: 2320 NAPOLEON BONAPARTE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D  
Name: LANG, MARK A  
Address: 1824 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL A. STANLEY

D

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date