

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90040 049 \*\*\*\*50.00

DOCUMENT # L05000058226

1. Entity Name  
MM97, LLC



Principal Place of Business

9200 S. DADELAND BLVD., SUITE 412  
MIAMI, FL 33156

9350 S Dixie Hwy  
Penthouse V

Mailing Address

9200 S. DADELAND BLVD., SUITE 412  
MIAMI, FL 33156

9350 S Dixie Hwy  
Penthouse V

60042652



**DO NOT WRITE IN THIS SPACE**

04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-3018848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

TOLLEY, SHAWN W

9200 S. DADELAND BLVD., SUITE 412  
MIAMI, FL 33156

9350 S Dixie Hwy  
Penthouse V

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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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KET, LLC  
9200 S. DADELAND BLVD., SUITE 412  
MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
KIDLARK, SHARON  
103650 OVERSEAS HIGHWAY LOT #30  
KEY LARGO, FL 33037

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HILDRETH, JACK ELON JR  
P.O. BOX 672  
TAVERNIER, FL 33070

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

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

Date

Daytime Phone #

4/24/07

305-852-9858