

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062719

1. Entity Name

PRODUCTION MANAGEMENT, LLC



FILED
Jun 11, 2008 08:00 AM
Secretary of State

Principal Place of Business

2962 NW 60TH STREET
FT LAUDERDALE, FL 33309

Mailing Address

2962 NW 60TH STREET
FT LAUDERDALE, FL 33309



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3085628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLISON, BYRON G
2962 NW 60TH STREET
FT LAUDERDALE, FL 33309

**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

U000000953000
06/11/08-80003-011 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ELLISON, BYRON G
STREET ADDRESS	1460 NE 57TH COURT
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	MGR
NAME	CRAIG, RICHARD L
STREET ADDRESS	1460 NE 57TH COURT
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	MGR
NAME	GROW, JOHN W JR
STREET ADDRESS	824 SW 1ST STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Byron G Ellison*

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

Date

Daytime Phone #

6-5-08 954 582 5250