

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90180 041 ****50.00

DOCUMENT # L05000076579

1. Entity Name
MMCD, LLC



Principal Place of Business
1908 SOUTH PALMETTO AVENUE
FLAGLER BEACH, FL 32136

Mailing Address
1908 SOUTH PALMETTO AVENUE
FLAGLER BEACH, FL 32136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2525004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, MARGHERITA A
1908 SOUTH PALMETTO AVENUE
FLAGLER BEACH, FL 32136

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FLAGLER BEACH** FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **MMCD**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MARGHERITA A. MCDANIEL
1908 S. PALMETTO AVE.
FLAGLER BEACH, FL 32136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: **MARGHERITA A. MCDANIEL**
Margherita A. McDaniel

3-28-06

386-439-6599

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

Date

Daytime Phone #