

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90090 021 \*\*\*\*50.00

**DOCUMENT # L05000080794**

1. Entity Name

**MAKING MARRIAGE MEANINGFUL MOTIVATIONAL  
SERIES, LLC**



Principal Place of Business

**445 MONUMENT RD  
APT. 1205  
JACKSONVILLE FL 32225  
US**

Mailing Address

**P.O. BOX 28525  
JACKSONVILLE FL 32226  
US**



2. Principal Place of Business

**11160 APPLE BLOSSOM TRAIL W. PO BOX 28525  
Suite, Apt. #, etc.**

3. Mailing Address

**PO BOX 28525  
Suite, Apt. #, etc.**

1st MOORE CR2E083 (10/05)

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**37-1502844**

Applied For

☐ Not Applicable

Zip

**32218**

Country

**USA**

Zip

**32218**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SAMMS, ROBERT O WEST  
445 MONUMENT RD 11160 APPLE BLOSSOM TRAIL  
APT. 1205 JACKSONVILLE, FL  
JACKSONVILLE FL 32225 32218**

7. Name and Address of New Registered Agent

Name

**N/A**

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

City

**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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SAMMS, ROBERT O	
STREET ADDRESS	11160 APPLE BLOSSOM TRAIL WEST	
CITY-ST-ZIP	445 MONUMENT RD APT. 1205 JACKSONVILLE FL 32225 32218	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SAMMS, PAMELA R	
STREET ADDRESS	11160 APPLE BLOSSOM TRAIL WEST	
CITY-ST-ZIP	445 MONUMENT RD APT. 1205 JACKSONVILLE FL 32225 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Robert O Samms**

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

Date

Daytime Phone #

**5/10/06 904-327-2862**