

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90271 017 ****50.00

DOCUMENT # L05000091454					
1. Entity Name M&M PG, LLC					
Principal Place of Business 105 SARASOTA QUAY SARASOTA, FL 34236			Mailing Address 105 SARASOTA QUAY SARASOTA, FL 34236		
2. Principal Place of Business 1886 Stickney Point Rd Suite, Apt. #, etc.		3. Mailing Address 1886 Stickney Point Rd Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34231 Country USA		Zip 34231 Country USA			
4. FEI Number 20-3564107				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960			7. Name and Address of New Registered Agent Name: Steven Medendorp Street Address (P.O. Box Number is Not Acceptable): 1884 Stickney Point Rd City: Sarasota FL Zip Code: 34231		
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: DATE: 2/9/06 (NOTE: Registered Agent signature required when re-registering)					
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	MGRM MCNALLY, WILLIAM J 105 SARASOTA QUAY SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McNally, William J 1886 Stickney Point Rd Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, SCOTT W 105 SARASOTA QUAY SARASOTA, FL 34236	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McNally, Scott W 1886 Stickney Point Rd Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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:			2/9/06 (941)308-1175		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		

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