


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L05000106592<br>1. Entity Name<br>M&M INVESTMENTS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>320 S. FLAMINGO RD # 357<br>PEMBROKE PINES, FL 33027 | Mailing Address<br>320 S. FLAMINGO RD # 357<br>PEMBROKE PINES, FL 33027 |
|---|---|

DO NOT WRITE IN THIS SPACE



04222008 No Chg-LLC CR2E083 (12/07)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>16-1740348  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

MARIA, MIGUEL W  
 320 S. FLAMINGO RD # 357  
 PEMBROKE PINES, FL 33027

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARIA, MIGUEL W<br>320 S. FLAMINGO RD # 357<br>PEMBROKE PINES, FL 33027 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000946222  
 05/30/08-80089-022 138.75

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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:  04.30.08 786.897.6325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #