

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120239

Entity Name: FAMMAD, LLC

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O CDL FAMILY SERVICES  
505 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CDL FAMILY SERVICES  
505 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-3943322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, WILTON L ESQ  
625 NORTH FLAGLER DR  
9TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLOYD, MARIA K  
Address: C/O CDL 505 S FLAGLER ST STE 900  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA K FLOYD

MGR

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date