## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L06000019018**

1. Entity Name

M & M GARAGE STORAGE SOLUTIONS, LLC



Principal Place of Business

4751 DISTRIBUTION PLACE

UNIT 6 ORLANDO, FL 32822 Mailing Address

14406 BROADHAVEN BLVD. ORLANDO, FL 32828

## FILED Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90130 027 \*\*\*138.75



DO NOT WRITE IN THIS SPACE 4. FFI NIA

04152008No Chg-LLC

CR2E083 (12/07)

DATE

4. FEI Number 56-2560178

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

-6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MUSTOE, JODI K ESQ. COX & ROUSE, P.A. 240 LOOKOUT PLACE MAITLAND, FL 32751

# DO NOT WRITE IN THIS SPACE

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.	

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS	1. 1. 19 1. 16 3. 16 4.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, THOMAS 14406 BROADHAVEN BLVD. ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSTOE, MATTHEW 14430 BROADHAVEN BLVD. ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Market State of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

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: \_\_

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

4/18/28

407-473-7076

Daytime Phone #