

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT #** LD6000037614

1. Entity Name

**MM LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1305 Paul Russell Road**

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tallahassee, FL**

City & State

4. FEI Number  
**20-4666526**

Applied For  
☐ Not Applicable

Zip  
**32301**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**Cheryl Moody**

Street Address (P.O. Box Number is Not Acceptable)  
**10907 Military Trail**

City  
**Tallahassee**

FL Zip Code  
**32305**

**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.

SIGNATURE

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

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Cheryl Moody  
10907 Military Trail  
Tallahassee, FL 32305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U000000618977  
02/08/07-80053-002 50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Pamela Musgrove  
10941 Military Trail  
Tallahassee, FL 32305**

TITLE  
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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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E0836 (12/02)