## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000050631**

1. Entity Name

WMM ENTERPRISES, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

850 S. COLLIER BLVD.

850 S. COLLIER BLVD.

#102

DO NOT WRITE IN THIS SPACE

MARCO ISLAND, FL 34145

MARCO ISLAND, FL 34145



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
14-1965834		Not Applicable
* O-NE	 \$5.00	Additional

5. Certificate of Status Des

Fee Regulred

6. Name and Address of Current Registered Agent

MURRAY, WILLIAM M 850 S COLLIER BLVD 102

MARCO ISLAND, FL 34145

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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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)  DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	MURRAY, WILLIAM M			
STREET ADDRESS	850 S. COLLIER BLVD. #102	i e		
CITY-ST-ZIP	MARCO ISLAND, FL 34145			
TITLE		Hacadaaaaa		
NAME		U00000794002 01/25/08-80033-006 138.75		
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11   hereby certify that the information cumplied with this filling doze not qualify for the everything contained in Chapter 110 Floride Statutes   further certify that the information				

11. I hereby certify that the information supplied with this fling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8 239-394-0128