

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050995

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90064 011 \*\*\*138.75

Entity Name <b>JM LUXURY TITLE, LLC</b>	
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Principal Place of Business <b>3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3300 UNIVERSITY DRIVE SUITE 901 CORAL SPRINGS, FL 33065</b>
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **10101 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065** City & State **10101 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

Zip Country Zip Country

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4885515** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**PONNOCK, ANDREW  
3300 UNIVERSITY DRIVE  
SUITE 901  
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name **PONNOCK, ANDREW A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**10101 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**  
City **FL** Zip Code

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

**ANDREW PONNOCK**

**3/26/08**

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TITLECO MANAGEMENT, CORP. 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PONNOCK, ANDREW A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10101 W. SAMPLE ROAD CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/26/08**

Date

**954-340-4051**

Daytime Phone #