

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099256

Entity Name: M2M BY GALLAGHER, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

9900 STIRLING RD
SUITE228
COOPER CITY, FL 33024

Current Mailing Address:

9900 STIRLING RD
COOPER CITY, FL 33024

New Principal Place of Business:

651 SE 13 STREET
#203
DANIA BEACH, FL 33004

New Mailing Address:

651 SE 13 STREET
#203
DANIA BEACH, FL 33004

FEI Number: 03-0607107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, NICKI
4131 N.E. 16TH AVENUE
FT. LAUDERDALE, FL 33334 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: MGRM () Delete
Name: GALLAGHER, NICKI
Address: 9900 STIRLING RD
City-St-Zip: COOPER CITY, FL 33024

Title: MGRM () Delete
Name: WATSON, ROBERT M
Address: 9900 STIRLING RD
City-St-Zip: COOPER CITY, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALLAGHER, NICKI
Address: 651 SE 13 STREET #203
City-St-Zip: DANIA BEACH, FL 33004

Title: MGRM (X) Change () Addition
Name: WATSON, ROBERT M
Address: 651 SE 13 STREET #203
City-St-Zip: DANIA BEACH, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NICKI GALLAGHER

MGR

01/21/2009

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