2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042779

City-St-Zip:

TALLAHASSEE, FL 32317

Entity Name: M & M PROFESSIONALS, LLC

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 415 SAINT FRANCIS STREET **UNIT 114** TALLAHASSEE, FL 32301 **New Mailing Address: Current Mailing Address:** 415 SAINT FRANCIS STREET **UNIT 114** TALLAHASSEE, FL 32301 FEI Number: 20-8889500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHASE, ALLISON S 1218 SMOKE RISE LANE US TALLAHASSEE, FL 32317 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NEIHAUS MANAGEMENT,, INC. Name: Name: Address: 3317 W. LAKE SHORE DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CHASE, RAYMOND M Name: Address: 1218 SMOKE RISE LANE Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CHASE, ALLISON S Name: Name: Address: 1218 SMOKE RISE LANE Address:

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.

City-St-Zip:

SIGNATURE: RAYMOND M. CHASE MGRM 01/15/2009