

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064309

Entity Name: M & M ADVISORS, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

9455 KOGER BOULEVARD, SUITE 200  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9455 KOGER BOULEVARD, SUITE 200  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 26-0462899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LETTELLIER, MARK  
9455 KOGER BOULEVARD, SUITE 200  
ST. PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

LETTELEIR, MARK P  
9455 KOGER BOULEVARD, SUITE 200  
ST. PETERSBURG, FL 33702 US

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: MARK P. LETTELLEIR

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SELTZER, MARJORIE  
Address: 9455 KOGER BLVD STE 200  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM ( ) Delete  
Name: LETTELLEIR, MARK  
Address: 9455 KOGER BLVD STE 200  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARJORIE SELTZER

MGRM

04/22/2009

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