


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90072 017 ***138.75

DOCUMENT # L07000069519 1. Entity Name DMM6 LLC,					
Principal Place of Business 2962 CURTIS KING BLVD. FORT PIERCE, FL 34946			Mailing Address 2962 CURTIS KING BLVD. FORT PIERCE, FL 34946		
2. Principal Place of Business - No P.O. Box # 37 MAJESTIC WAY Suite, Apt. #, etc.		3. Mailing Address 37 MAJESTIC WAY Suite, Apt. #, etc.			
City & State FORT PIERCE, FL Zip 34949 Country USA		City & State FORT PIERCE, FL Zip 34949 Country USA		4. FEI Number 75-3245926 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01092008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent THOMPSON, MICHAEL J 37 MAJESTIC WAY FORT PIERCE, FL 34949			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Michael J. Thompson</u> DATE 30 MARCH 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNT, DONALD J 570 45TH COURT S. W. VERO BEACH, FL 32962 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, MICHAEL J 37 MAJESTIC WAY FORT PIERCE, FL 34949 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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. MICHAEL J. THOMPSON SIGNATURE: <u>Michael J. Thompson</u> DATE 30 MARCH 2008 772 979 1448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					