

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100061

Entity Name: MM ECOMMERCE LLC

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

1634 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

4000 HOLLYWOOD BLVD.
SUITE 215-S
HOLLYWOOD, FL 33021

Current Mailing Address:

1634 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

P.O. BOX 552124
DAVIE, FL 33355

FEI Number: 26-1207191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN MILLER INC.
1634 EUCLID AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MORGAN MILLER INC.
4000 HOLLYWOOD BLVD.
SUITE 215-S
HOLLYWOOD, FL 33021 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:

01/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLER, MORGAN
Address: 1634 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: CASPI, JOSHUA
Address: 1634 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, MORGAN
Address: 10951 REDHAWK STREET
City-St-Zip: PLANTATION, FL 33324

Title: MGR (X) Change () Addition
Name: CASPI, JOSHUA
Address: 10951 REDHAWK STREET
City-St-Zip: PLANTATION, FL 33324

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: MORGAN MILLER

MGR

01/24/2008

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