

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117517

Entity Name: MTM PALMS LLC

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8551 NALLE GRADE RD.  
NORTH FT. MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

5662 EICHEN CIRCLE WEST  
FT. MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 77-0706106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MASCARELLI, MARC T  
5662 EICHEN CIRCLE WEST  
FT. MYERS, FL 33919 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  
Name: MASCARELLI, MARC T  
Address: 5662 EICHEN CIRCLE WEST  
City-St-Zip: FT. MYERS, FL 33919 US

I hereby 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: MARC MASCARELLI

MGRM

02/05/2010

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