

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049184

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE DM HOLDINGS GROUP, LLC

Current Principal Place of Business:

15045 WIND WHISPER DRIVE
ODESSA, FL 33556

New Principal Place of Business:

1977 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

15045 WIND WHISPER DRIVE
ODESSA, FL 33556

New Mailing Address:

1977 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

FEI Number: 26-2647534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, ADAMS W
1925 EAST SECOND AVENUE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

DAVID, MEDVEDEFF
1977 BRIDGEWATER DR
LAKE MARY, FL 32746 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: DAVID MEDVEDEFF

04/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDMEN, LLC
Address: 15045 WIND WHISPER DRIVE
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: SMOOTH CRUISIN', LLC
Address: 3108 CHAPIN AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDMEN, LLC
Address: 1977 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: DAVID MEDVEDEFF

MGR

04/25/2009

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