

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103302

FILED
Apr 15, 2009
Secretary of State

Entity Name: MAKING MARRIAGE MEANINGFUL, L.L.C.

Current Principal Place of Business:

11160 APPLE BLOSSOM TRAIL WEST
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11160 APPLE BLOSSOM TRAIL WEST
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 26-3433052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMMS, ROBERT O DR.
11160 APPLE BLOSSOM TRAIL WEST
JACKSONVILLE, FL 32218 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: PRES () Delete
Name: SAMMS, ROBERT O DR.
Address: 11160 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: SAMMS, PAMELA R
Address: 11160 APPLE BLOSSOM TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TREA () Delete
Name: BOSCH, SHERINE A
Address: 4597 AGUILA PLACE
City-St-Zip: ORLANDO, FL 32826

Title: SEC () Delete
Name: DOW, TAMAYLIA R
Address: 379A GREENE AVE APT.2
City-St-Zip: BROOKLYN, NY 11216

ADDITIONS/CHANGES:

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

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

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: ROBERT O SAMMS

DR

04/15/2009

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