


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000700**

MME AND ASSOCIATES, L.C.

~~P.O. BOX 261564~~

~~TAMPA FL 33685~~

P.O. Box 411

Vienna, VA 22183

2. Principal Place of Business

2a. Mailing Address

P.O. Box 411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vienna VIRGINIA

Zip

Country

Zip

Country

22183

1a. Principal Place of Business Address

607 W HORATIO ST
TAMPA FL 33606

3. Date Organized or Qualified

3a. State of Formation

12/19/1994

FL

4. FEI Number

59-3285572

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

04/22/1997

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

KNOX, JAMES P
607 W HORATIO ST
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BL & ASSOCIATES INTERN	607 W. HORATIO STREET P.O. BOX 261564	TAMPA FL
MGRM	TAPP, ROBERT T	607 W. HORATIO STREET	TAMPA FL

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****197.50 ****197.50

[Handwritten signature]
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: ROBERT T. TAPP *Robert T. Tapp* 3/21/98 403-893-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #