

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040988

**Entity Name:** SNM, L.L.C.

**Current Principal Place of Business:**

730 E. STRAWBRIDGE AVENUE  
SUITE 211  
MELBOURNE, FL 32901

**Current Mailing Address:**

730 E. STRAWBRIDGE AVENUE  
SUITE 211  
MELBOURNE, FL 32901

**FEI Number:** 45-1533181

**Certificate of Status Desired:** No

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

COLEMAN, CHRISTOPHER  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FREDERICK, MUSSARI P  
Address 783 COUNTY RD 13 S  
City-State-Zip: ST AUGUSTINE FL 32092

Title MGR  
Name IAN, RITTER J  
Address 409 SOUTHNEPTUNE DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IAN RITTER

MGRM

01/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date