

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000010224

Entity Name: MMM VENTURES LLC**Current Principal Place of Business:**160 W. NEW YORK AVE., STE. 2A
SOUTHERN PINES, NC 28387**Current Mailing Address:**160 W. NEW YORK AVE., STE. 2A
SOUTHERN PINES, NC 28387 US**FEI Number:** 85-4394725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DR., 1ST FLOOR
TALLAHASSEE, FL 32301 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	AP	Title	AUTHORIZED REPRESENTATIVE
Name	JACKSON, JONATHAN W	Name	MIKE, PEEK
Address	160 W. NEW YORK AVE., STE. 2A	Address	160 W. NEW YORK AVE., STE. 2A
City-State-Zip:	SOUTHERN PINES NC 28387	City-State-Zip:	SOUTHERN PINES NC 28387

Title	AUTHORIZED REPRESENTATIVE
Name	MICHAEL, CROWDER
Address	160 W. NEW YORK AVE., STE. 2A
City-State-Zip:	SOUTHERN PINES NC 28387

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: JONATHAN WESLEY JACKSON

AP

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date