

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000074712**

1. Entity Name

**M & M PEMBROKE PINES, LLC**



Principal Place of Business

**2441 SW 37TH AVENUE  
CORAL GABLES, FL 33145**

Mailing Address

**2441 SW 37TH AVENUE  
CORAL GABLES, FL 33145**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1752848**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TERRY V. HAUSER  
444 BRICKELL AVENUE  
SUITE 1000  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>
NAME	<b>AIRALA, MANUEL A</b>
STREET ADDRESS	<b>2441 SW 37TH AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33145</b>
TITLE	<b>MGRM</b>
NAME	<b>AIRALA, MARTA</b>
STREET ADDRESS	<b>2441 SW 37TH AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33145</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000941582  
05/28/08-80113-010 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #