	RANCHES, FL 33331		
	ling Address:		
P.O. BOX 29 DAVIE, FL			
FEI Number: 20-1752848			Certificate of Status Desired: No
Name and A	ddress of Current Registered Agent:		
DONN, CHRIST 4254 SW 92ND DAVIE, FL 333	AVE.		
The above named	l entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.
	d entity submits this statement for the purpose of changing it CHRISTINE DONN	s registered office or regis	tered agent, or both, in the State of Florida. $03/24/2$
		s registered office or regis	
SIGNATURE	CHRISTINE DONN	s registered office or regis	03/24/2
SIGNATURE	E: CHRISTINE DONN Electronic Signature of Registered Agent	s registered office or regis	03/24/2
SIGNATURE	CHRISTINE DONN     Electronic Signature of Registered Agent  Person(s) Detail :		03/24/2 Dat
SIGNATURE Authorized Title	CHRISTINE DONN     Electronic Signature of Registered Agent  Person(s) Detail : MGRM	Title	03/24/2 Dat
SIGNATURE Authorized Title Name	E: CHRISTINE DONN Electronic Signature of Registered Agent Person(s) Detail : MGRM AIRALA, MANUEL A	Title Name	03/24/2 Dat MGRM AIRALA, MARTA 17420 SW 61ST CT
SIGNATURE Authorized Title Name Address	E: CHRISTINE DONN Electronic Signature of Registered Agent Person(s) Detail : MGRM AIRALA, MANUEL A 17420 SW 61ST CT	Title Name Address	03/24/2 Dat MGRM AIRALA, MARTA 17420 SW 61ST CT
SIGNATURE Authorized Title Name Address City-State-Zip:	E: CHRISTINE DONN Electronic Signature of Registered Agent Person(s) Detail : MGRM AIRALA, MANUEL A 17420 SW 61ST CT SOUTHWEST RANCHES FL 33331	Title Name Address	03/24/2 Dat MGRM AIRALA, MARTA 17420 SW 61ST CT
SIGNATURE Authorized Title Name Address City-State-Zip: Title	E: CHRISTINE DONN Electronic Signature of Registered Agent Person(s) Detail : MGRM AIRALA, MANUEL A 17420 SW 61ST CT SOUTHWEST RANCHES FL 33331 AUTHORIZED REPRESENTATIVE	Title Name Address	03/24/2 Dat MGRM AIRALA, MARTA 17420 SW 61ST CT

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: CHRISTINE DONN

AUTHORIZED REPRESENTATIVE 03/24/2022

DOCUMENT# L04000074712

Entity Name: M & M PEMBROKE PINES, LLC

## Current Principal Place of Business:

## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Mar 24, 2022 Secretary of State 7318629817CC