

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082396

Entity Name: M, LLC

Current Principal Place of Business:

167705 US HWY 441
SUITE 607
SUMMERFIELD, FL 34491

Current Mailing Address:

167705 US HWY 441
SUITE 607
SUMMERFIELD, FL 34491

FEI Number: 26-0099991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPELAND, MARIA A
8740 SE 168TH KITTRIDGE LOOP
THE VILLAGES, FL 32162 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 MGRD
Name COPELAND, MARIA A
Address 8740 SE 168TH KITTRIDGE LOOP
City-State-Zip: THE VILLAGES FL 32162

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: MARIA A COPELAND

MGRD

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date