

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076611

Entity Name: SOUTH M.M. LLC

Current Principal Place of Business:

18010 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

Current Mailing Address:

16165 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

FEI Number: 74-3227681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMACHO, CESAR
ATTN: LEGAL DEPT.
1801 SW FIRST STREET
MIAMI, FL 33135 US

FILED
Apr 01, 2019
Secretary of State
1250273395CC

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 SOUTH MOTOR COMPANY OF DADE COUNTY
Address 16165 SOUTH DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33157

Title MGRM
Name VILLAMANAN, MANUEL
Address 16165 S DIXIE HWY
City-State-Zip: MIAMI FL 33157

Title MGRM
Name CHARIFF, JONATHAN
Address 16165 S DIXIE HWY
City-State-Zip: MIAMI FL 33157

Title MGRM
Name LUJAN, RICARDO
Address 16165 S DIXIE HWY
City-State-Zip: MIAMI FL 33157

Title AUTHORIZED PERSON
Name CASTILLO, OMAR
Address 16165 SOUTH DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33157

Title MGRM
Name CHARIFF, JACQUELINE
Address 16165 S DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33157

Title MGRM
Name HOFFMAN, LARRY
Address 16165 S DIXIE HWY
City-State-Zip: MIAMI FL 33157

Title AUTHORIZED REPRESENTATIVE
Name CAMACHO, CESAR ESQ.
Address 16165 SOUTH DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33157

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: OMAR CASTILLO

CFO

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date