

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000065601

Entity Name: 3MI, LLC

Current Principal Place of Business:

611 W BAY STREET, SUITE 200
TAMPA, FL 33606

Current Mailing Address:

PO BOX 274183
TAMPA, FL 33688 US

FEI Number: 32-0345363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS, CLIFFORD L
802 11TH STREET, WEST
BRADENTON, FL 34205 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 MGR
Name LEEDS, MICHAEL J
Address PO BOX 274183
City-State-Zip: TAMPA FL 33688

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: MICHAEL J LEEDS

MANAGER

04/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date