

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000131623

Entity Name: M'LADY, LLC**Current Principal Place of Business:**601 CASUARINA CONOURSE
CORAL GABLES, FL 33143**Current Mailing Address:**601 CASUARINA CONOURSE
CORAL GABLES, FL 33143 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALPERN SANTOS & PINKERT, PA
150 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES, FL 33134 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:** JAY HALPERN, ESQ

06/08/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | HALPERN, SAUNDRA |
| Address | 601 CASUARINA CONOURSE |
| City-State-Zip: | CORAL GABLES FL 33143 |

| | |
|-----------------|------------------------|
| Title | MGRM |
| Name | HALPERN, JAY |
| Address | 601 CASUARINA CONOURSE |
| City-State-Zip: | CORAL GABLES FL 33143 |

| | |
|-----------------|------------------------|
| Title | MEMBER |
| Name | HALPERN, JACQUELINE |
| Address | 601 CASUARINA CONOURSE |
| City-State-Zip: | CORAL GABLES FL 33143 |

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: JAY HALPERN

MEM

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date