

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000121167

**Entity Name:** MUMI, LLC

**Current Principal Place of Business:**

300 S BISCAYNE BLVD  
SUITE 3802  
MIAMI, FL 33131

**Current Mailing Address:**

300 S BISCAYNE BLVD  
SUITE 3802  
MIAMI, FL 33131

**FEI Number:** 30-0837736

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOIGICA PA  
2 S BISCAYNE BLVD  
STE 3760  
MIAMI, FL 33131 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 MEKLER, GABRIELA  
Address 300 S BISCAYNE BLVD, STE 3802  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MORENO, MARIBEL  
Address 300 S BISCAYNE BLVD, STE 3802  
City-State-Zip: MIAMI FL 33131

*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:** GABRIELA MEKLER

**MANAGER**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date