

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000121167

Entity Name: MUMI, LLC**Current Principal Place of Business:**9969 NORTHEAST 4TH AVENUE ROAD
MIAMI SHORES, FL 33138**Current Mailing Address:**PO BOX 491227
KEY BISCAYNE , FL 33149 US**FEI Number:** 30-0837736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACEVEDO-BELT, MARIA ESQ.
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:** MARIA ACEVEDO-BELT

01/19/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--------------------|
| Title | MANAGER |
| Name | MEKLER, GABRIELA |
| Address | NA |
| City-State-Zip: | ASHEVILLE NC 28803 |

| | |
|-----------------|-----------------------|
| Title | MGR |
| Name | MINSKI, JOEL |
| Address | 9969 NE 4TH AVENUE RD |
| City-State-Zip: | MIAMI SHORES FL 33138 |

| | |
|-----------------|--------------------------------|
| Title | MGR |
| Name | MORENO, MARIBEL |
| Address | 600 GRAPETREE DRIVE APT 5GN |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

| | |
|-----------------|---------------------------|
| Title | MGR |
| Name | ANCHISLAVSKY, DAVID |
| Address | 6355 NW 36TH ST L1 |
| City-State-Zip: | VIRGINIA GARDENS FL 33166 |

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

01/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date