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: MARTA AIRALA

Electronic Signature of Signing Authorized Person(s) Detail

# 17420 SW SOUTHWEST RANCHES, FL 33331 US

### FEI Number: 85-3759096

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

DONN, CHRISTINE 4254 SW 92ND AVE DAVIE, FL 33328 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	AIRALA, MANUEL A	Name	AIRALA, MARTA
Address	17420 SW 61 CT	Address	17420 SW 61 CT
City-State-Zip:	SOUTHWEST RANCHES FL 33328	City-State-Zip:	SOUTHWEST RANCHES FL 33328

FRANCHES, FL 33331	
ailing Address:	
61ST COURT	

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L20000250342

Entity Name: M & M SOUTHWEST RANCHES, LLC

## **Current Principal Place of Business:**

17420 SW 61 CT SOUTHWEST RANCHES FI 33331

# **Current Ma**

## Certificate of Status Desired: No

04/29/2024

Date

FILED Apr 29, 2024 Secretary of State 3985196534CC

MEMBER

Date