

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000258711

**Entity Name:** M&M CUISINE LLC

**Current Principal Place of Business:**

4415 NW 50TH DR APT 102  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4415 NW 50TH DR  
102  
GAINESVILLE, FL 32606 US

**FEI Number:** 87-1107103

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER  
Name MACHADO BUSTILLO, CARLOS  
Address 4415 NW 50TH DR 102  
City-State-Zip: GAINESVILLE FL 32606

Title AUTHORIZED MEMBER  
Name MACHADO, CARLOS  
Address 4415 NW 50TH DR APT 102  
City-State-Zip: GAINESVILLE FL 32606-7678

Title AUTHORIZED MEMBER  
Name MACHADO, MARIA  
Address 4415 NW 50TH DR APT 102  
City-State-Zip: GAINESVILLE FL 32606

Title AUTHORIZED MEMBER  
Name MELENDEZ, MARILU  
Address 4415 NW 50TH DR APT 102 STE 300  
City-State-Zip: GAINESVILLE FL 32606

*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:** CARLOS MACHADO

**MANAGER**

**03/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date