

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000526412

**Entity Name:** MM BYRD ENTERPRISE, LLC

**Current Principal Place of Business:**

912 SE 1ST STREET  
HAVANA, FL 32333

**Current Mailing Address:**

2645 IRONBRIDGE ROAD  
HAVANA, FL 32333 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BYRD, REGINALD D  
2645 IRONBRIDGE ROAD  
HAVANA, FL 32333 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 BYRD, REGINALD D  
Address 2645 IRONBRIDGE ROAD  
City-State-Zip: HAVANA FL 32333

Title AMBR  
Name BYRD, NICHOLAS  
Address 912 SE 1ST STREET  
City-State-Zip: HAVANA FL 32333

Title AP  
Name SCURRY, LATASHA C  
Address 20067 HERITAGE POINT DR  
City-State-Zip: TAMPA FL 33647

Title AP  
Name BYRD, VINCENT E SR  
Address 56 KINROSS DR  
City-State-Zip: STAFFORD VA 22554

Title AP  
Name BYRD, CEDRIC A  
Address 2729 DUMONT LANE  
City-State-Zip: TAVARES FL 32778

*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:** REGINALD D BYRD

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date