

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0900000117

Entity Name: M & M FORT MYERS HOLDINGS, LLC

Current Principal Place of Business:

18655 NORTH CLARET DRIVE
SUITE 400
SCOTTSDALE, AZ 85255

FILED
Feb 05, 2024
Secretary of State
9436044251CC

Current Mailing Address:

18655 NORTH CLARET DRIVE
SUITE 400
SCOTTSDALE, AZ 85255 US

FEI Number: 26-3996740

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MERITAGE PASEO CROSSING, LLC
Address 18655 NORTH CLARET DRIVE
SUITE 400
City-State-Zip: SCOTTSDALE AZ 85255

Title PRESIDENT AND CEO
Name LORD, PHILLIPPE
Address 18655 NORTH CLARET DRIVE
SUITE 400
City-State-Zip: SCOTTSDALE AZ 85255

Title EXECUTIVE V.P., CHIEF FINANCIAL
OFFICER AND ASST. SECRETARY
Name SFERRUZZA, HILLA
Address 18655 NORTH CLARET DRIVE
SUITE 400
City-State-Zip: SCOTTSDALE AZ 85255

Title EXECUTIVE V.P., COO
Name SZUBINSKI, CLINT
Address 18655 NORTH CLARET DRIVE
SUITE 400
City-State-Zip: SCOTTSDALE AZ 85255

Title EXECUTIVE V.P., GENERAL COUNSEL
AND SECRETARY
Name CLINTON, MALISSIA
Address 18655 NORTH CLARET DRIVE
SUITE 400
City-State-Zip: SCOTTSDALE AZ 85255

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: MALISSIA CLINTON

**EXEC VP, GENERAL
COUNSEL AND
SECRETARY**

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

