

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004652

**Entity Name:** KINGFISHER-MM PROPERTIES LLC

**Current Principal Place of Business:**

11540 HIGHWAY 92 E  
SEFFNER, FL 33584

**Current Mailing Address:**

11540 HIGHWAY 92 E  
SEFFNER, FL 33584 US

**FEI Number:** 82-5511421

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           SEAMAN, JEFFREY  
Address        400 PERIMETER CENTER TER #500  
City-State-Zip: ATLANTA GA 30348

Title           PRESIDENT, ASST. SECRETARY  
Name           STEIN, LEWIS  
Address        11540 E US HIGHWAY 92  
City-State-Zip: SHEFFNER FL 33584

Title           VP  
Name           FINKEL, JEFFREY  
Address        400 PERIMETER CENTER  
                  TERRACE,STE 800  
City-State-Zip: ATLANTA GA 30346

Title           VP  
Name           WEITZNER, PETER  
Address        400 PERIMETER CENTER TERR NE  
                  SUITE 800  
City-State-Zip: ATLANTA GA 30346

Title           VP, SECRETARY, TREASURER  
Name           SHEER, JAMIE  
Address        11540 E US HIGHWAY 92  
City-State-Zip: SHEFFNER FL 33584

*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:** JAMIE SHEER

VP

01/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date