

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91532 018 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 200000009785

1. Entity Name

M&L Consulting LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 Ponce de Leon Blvd
Suite, Apt. #, etc.
#201

3. Mailing Address

770 Ponce de Leon Blvd
Suite, Apt. #, etc.
#201

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1033796

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Metsch, BENJAMIN R ESQ

Street Address (P.O. Box Number is Not Acceptable)

1455 NW 14th St

City MIAMI

FL

Zip Code

33125

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ACOSTA, MILLY MEM
15961 SW 71 St
MIAMI, FL 33193

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Milly Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/29/02

Daytime Phone #

305 444 2445

CR2E083B (12/01)