

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

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90123 035 ***150.00

DOCUMENT # L01000005895

1. Entity Name **MAMMA, LLC**

924115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4473 N. University Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lauderhill, FL 33351

City & State

4. FEI Number

75-2987303

Applied For

Not Applicable

Zip

33351

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Lawrence H. Feder,**

Street Address (P.O. Box Number is Not Acceptable)
2450 Hollywood Blvd., #401

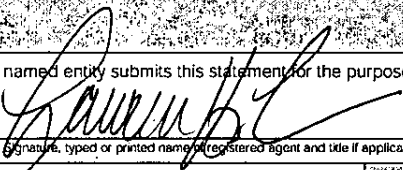
City **Hollywood, Florida**

FL

Zip Code
33020

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



Lawrence H. Feder

2/7/02
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
Managing Member
Paola Gentile
4473 N. University Dr.
Lauderhill, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Mario Gentile
4473 N. University Dr.
Lauderhill, FL 33351

TITLE
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CITY-ST-ZIP

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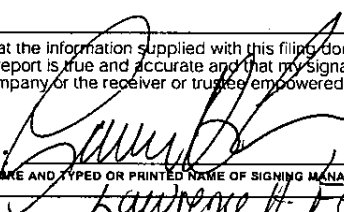
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

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

 **Authorized Representative**
Lawrence H. Feder

Date

2/7/02

Daytime Phone #

954 923 4477

CR2E083B (12/01)