LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90083 033 ****50.00

DOCUMENT # L01000021115

1. Entity Name
M & G FINANCIAL SERVICES, L.L.C.

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956869

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2. Principal Place of Business		3. Mailing Address	
8180 NW 36 Street			
Suite, Apt. #, etc.: Suite 230		Suite, Apt. #, etc.:	
City & State: Miami, FL		City & State:	
Zip: 33166	Country: U.S.	Zip:	Country:

4. FEI Number: 65-1155980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Isela Monteagudo,

Street Address (P.O. Box Number is Not Acceptable): 8180 NW 36 Street, Suite 230

City: Miami **FL** Zip Code: 33166

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: I Monteagudo DATE: 4/25/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Member	TITLE	
NAME	Isela Monteagudo	NAME	
STREET ADDRESS	8180 NW 36 Street, Suite 230	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: I Monteagudo 4/25/02 305 477-7447 X 105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #