

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-14-2007 90367 020 ****50.00

DOCUMENT # L02000006093

1. Entity Name
MMHG, LLC



Principal Place of Business
**291 FAN PALM ROAD
BOCA RATON, FL 33432**

Mailing Address
**291 FAN PALM ROAD
BOCA RATON, FL 33432**

30010484



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-9589605

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFIERI, MARK A 291 FAN PALM ROAD BOCA RATON, FL 33432
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE **MARK A. ALFIERI**
Date **6/6/07** Daytime Phone # **561-767-0091**