

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90049 001 ****50.00

DOCUMENT # L02000027038

1. Entity Name

MMC, LLC



Principal Place of Business

Mailing Address

**2893 S. DELANEY AVENUE
ORLANDO FL 32806**

**2893 S. DELANEY AVENUE
ORLANDO FL 32806**

2. Principal Place of Business

2893 S. DELANEY AVE.

Suite, Apt. #, etc.

3. Mailing Address

2893 S. DELANEY AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

41-2079682

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASHBURN, ERIC S ESQUIRE
102 EAST MAPLE STREET
WINTER GARDEN FL 34787**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MOHSIN, ASHRAFUNNAHAR**
STREET ADDRESS **1114 VISCAYA LAKE ROAD, #210**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **MANAGER** ☒ Change ☐ Addition
NAME **MOHSIN, ASHRAFUNNAHAR**
STREET ADDRESS **2712 MANGOSTINE LN**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE **MGR** ☐ Delete
NAME **MOKAMMEL, JARJIS**
STREET ADDRESS **701 INLAND SEAS BLVD.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **MANAGER** ☒ Change ☐ Addition
NAME **MOKAMMEL, JARJIS**
STREET ADDRESS **710 E. MICHIGAN ST, #20**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **MGR** ☐ Delete
NAME **MUNIR, NUSRAT**
STREET ADDRESS **2501 TRATMAN AVE., #A20**
CITY-ST-ZIP **BRONX NY 10461**

TITLE **MANAGER** ☐ Change ☐ Addition
NAME **MUNIR, NUSRAT**
STREET ADDRESS **2209 S. PERNCREEK AVE, #16**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

7/22/03

Date

407-859-1866

Daytime Phone #

CR2E083 (4/03)