FILED
Aug 23, 2004 8:00 am
Secretary of State
03-19-2004 90269 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019504

1. Entity Name
MTB, LLC

Principal Place of Business	Mailing Address
2750 NE 183 ST. #408 AVENTURA, FL 33160	2750 NE 183 ST. #408 AVENTURA, FL 33160

02062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: NONE
Suite, Apt. #, etc.: SAME
City & State:
Zip: County:

3. Mailing Address: 2750 WEST 183 ST
Suite, Apt. #, etc.: APT 408
City & State: MIAMI
Zip: 33160 County: DADE

4. FEI Number: 20-0209179 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent:
WEINSTEIN, HOWARD B ESQ
2875 NE-191 ST-ST. STE. 304
AVENTURA, FL 33180

7. Name and Address of New Registered Agent:
NAME: SALVATORE SIRAGUSA
Street Address (P.O. Box Numbers Not Acceptable): 2750 WEST 183 ST APT. 408
City: MIAMI FL Zip Code: 33160

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: _____ DATE

Filing Fee is $60.00
Due By May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: SALVATORE SIRAGUSA SAME ☐ Delete	Salvatore Siragusa ☒ Change ☐ Addition 2750 NE 183 ST. #408 Member/Pres. Aventura, FL 33160
Ofelia Marenya Salvatore Siragusa ☐ Delete	☒ Change ☐ Addition
GINO APRILE ☐ Delete	Gino Aprile ☒ Change ☐ Addition 210 174th ST. #1119 Member, Vice Pres. Sunny Isles, FL 33160
OWNER ☐ Delete	☐ Change ☐ Addition
GINO APRILE OWNER ☐ Delete	☐ Change ☐ Addition
210-174 ST APT 1119 SUNNY ISLE 33160 ☐ Delete	☐ Change ☐ Addition

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 partner or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ 3-14-04 305-7105261
(Signature and Title of Florida Individual Designated Manager, Member, or Authorized Representative) Date Daytime Phone #