

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000019504

1. Entity Name  
MTB, LLC



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

Mailing Address  
2750 NE 183 ST. #408  
AVENTURA, FL 33160



03172005No Chg-LLC

CR2E063 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

SIRAGULA, SALVATORE  
2750 NE 183RD ST  
#408  
MIAMI, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2005**

000000305750  
04/14/05-80097-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SIRAGUSA, SALVATORE  
2750 NE 183RD #408  
AVENTURA, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
APRILE, GINO  
210 174TH ST #119  
SUNNY ISLES, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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)(f), 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

4-11-05

Date

305-7105261

Daytime Phone #