

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000036067

Entity Name: M AND M RETIREMENT, LLC

FILED  
Oct 04, 2007  
Secretary of State

**Current Principal Place of Business:**

1600 W OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1600 W OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 16-1686073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FAWLEY, MICHAEL  
1600 W OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33311      US

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: MICHAEL R. FAWLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FAWLEY, MICHAEL  
Address: 1600 W OAKLAND PARK BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGRM ( ) Delete  
Name: GAI, MICHAEL  
Address: 1600 W OAKLAND PARK BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL R. FAWLEY

MGRM

10/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date