

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042010	
1. Entity Name MB & M, LLC	

Principal Place of Business 2140 W. 68 ST., STE. 406 HIALEAH FL 33016	Mailing Address 2140 W. 68 ST., STE. 406 HIALEAH FL 33016
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent DELGADO, MARIBEL 2140 W. 68 ST., STE. 406 HIALEAH FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 is 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 May 1, 2006

U00000410655
02/09/06-80043-024 50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete		TITLE		☐ Change	☐ Add
NAME	DELGADO, MARIBEL			NAME			
STREET ADDRESS	2140 W 68 ST STE 406			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	MGR	☐ Delete		TITLE		☐ Change	☐ Add
NAME	FERNANDEZ, MAGDALENA			NAME			
STREET ADDRESS	2140 W. 68 ST STE 406			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE	MGR	☐ Delete		TITLE		☐ Change	☐ Add
NAME	FERNANDEZ, BENIDECTO			NAME			
STREET ADDRESS	2140 W. 68 ST STE 406			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33016			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Maribel Delgado*

1/25/06 (305) 362-5194