

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2007 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0354174

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E083 (10/06)

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

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
DELGADO, MARIBEL
2140 W 68 ST STE 406
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FERNANDEZ, MAGDALENA
2140 W. 68 ST STE 406
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
FERNANDEZ, BENIDECTO
2140 W. 68 ST STE 406
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
**U000000706237
04/24/07-80026-015 50.00**

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

☐ Change ☐ Addition
TITLE
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CITY- ST- ZIP

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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:

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

Date

Daytime Phone #

Maribel Delgado

4/11/07

305-362-4979