

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042010

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MB & M, LLC

**Current Principal Place of Business:**

2140 W. 68 ST., STE. 406  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2140 W. 68 ST., STE. 406  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 20-0354174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELGADO, MARIBEL  
2140 W. 68 ST., STE. 406  
HIALEAH, FL 33016 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DELGADO, MARIBEL  
Address: 2140 W 68 ST STE 406  
City-St-Zip: HIALEAH, FL 33016

Title: MGR ( ) Delete  
Name: FERNANDEZ, MAGDALENA  
Address: 2140 W. 68 ST STE 406  
City-St-Zip: HIALEAH, FL 33016

Title: MGR ( ) Delete  
Name: FERNANDEZ, BENIDECTO  
Address: 2140 W. 68 ST STE 406  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES:**

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

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: MAGDALENA FERNANDEZ

MGR

04/29/2009

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