

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018930

FILED
Feb 01, 2005
Secretary of State

Entity Name: M & M SPERO ENTERPRISES, LLC

Current Principal Place of Business:

7520 NW 5TH STREET
SUITE 204
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7520 NW 5TH STREET
SUITE 204
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-0841390 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIRO, MITCHELL
7520 NE 5TH STREET
204
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

SPERO, MITCHELL
7520 NE 5TH STREET
204
PLANTATION, FL 33317 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: DR. MITCHELL SPERO 02/01/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SPIRO, MITCHELL
Address: 7520 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPERO, MITCHELL
Address: 7520 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: SPIRO, MARIA
Address: 7520 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: MGRM (X) Change () Addition
Name: SPERO, MARIA
Address: 7520 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. MITCHELL SPERO DIR 02/01/2005

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