

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AT**  
**Secretary of State**

**DOCUMENT # L04000050433**

1. Entity Name  
**MMJC4 LLC**



Principal Place of Business

**1200 ROUTE 208  
MONROE, NY 10960**

Mailing Address

**1200 ROUTE 208  
MONROE, NY 10960**

**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1395958**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**UCC FILING & SEARCH SERVICES INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TEICH, MARTIN
STREET ADDRESS	1200 ROUTE 208
CITY-ST-ZIP	MONROE, NY 10960
TITLE	MGR
NAME	TEICH, MINDY
STREET ADDRESS	1200 ROUTE 208
CITY-ST-ZIP	MONROE, NY 10960
TITLE	MGR
NAME	PIETSCH, JOHN
STREET ADDRESS	1200 ROUTE 208
CITY-ST-ZIP	MONROE, NY 10960
TITLE	MGR
NAME	PIETSCH, CATHERINE
STREET ADDRESS	1200 ROUTE 208
CITY-ST-ZIP	MONROE, NY 10960
TITLE	MGR
NAME	HEILWEIL, MILTON
STREET ADDRESS	7963 SAILBOAT KEY BLVD
CITY-ST-ZIP	SOUTH PASADENA, FL 33707
TITLE	MGR
NAME	HEILWEIL, DEBORAH
STREET ADDRESS	7963 SAILBOAT KEY BLVD
CITY-ST-ZIP	SOUTH PASADENA, FL 33707

1100000453335  
03/14/06-80015-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #