

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062036

1. Entity Name
M3, LLC



Principal Place of Business
**5601 COLLINS AVENUE
SUITE 1218
MIAMI BEACH, FL 33140 US**

Mailing Address
**5601 COLLINS AVENUE
SUITE 1218
MIAMI BEACH, FL 33140 US**



03162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1828271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTELLI, MARIA A
5601 COLLINS AVENUE
APT. 822
MIAMI BEACH, FL 33140**

**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	ORTELLI, MARIA A
STREET ADDRESS	5601 COLLINS AVE., APT. 822
CITY- ST- ZIP	MIAMI BEACH, FL 33140
TITLE	MGR
NAME	ARA, MARIA P
STREET ADDRESS	5601 COLLINS AVE., APT. 822
CITY- ST- ZIP	MIAMI BEACH, FL 33140
TITLE	MGR
NAME	ORTELLI, FLAVIA M
STREET ADDRESS	5601 COLLINS AVE., APT. 822
CITY- ST- ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000475712
04/05/06-80024-020 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 60B, Florida Statutes.

SIGNATURE:

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

Date **3/16/06**

Daytime Phone # _____