

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90034 013 ****50.00

DOCUMENT # L05000001549

1. Entity Name
M & F, LLC



Principal Place of Business
266 WILSHIRE BLVD.
SUITE 131
CASSELBERRY, FL 32707 US

Mailing Address
266 WILSHIRE BLVD.
SUITE 131
CASSELBERRY, FL 32707 US

20039038



2. Principal Place of Business
266 WILSHIRE BLVD SUITE 131

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-LLC CR2E083 (11/05)

City & State
CASSELBERRY, FLORIDA

City & State

4. FEI Number
38-3721667

Applied For
Not Applicable

Zip
32707

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDEZ, FRANCIS X ESQ.
202 LOOKOUT PLACE
MAITLAND, FL 32751

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BERRU, FABIAN
266 WILSHIRE BLVD, SUITE 131
CASSELBERRY, FL 32707 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BERRU, MARIA
266 WILSHIRE BLVD, SUITE 131
CASSELBERRY, FL 32707 ☐ Delete

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/25/06 407 767 2992