

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000036476

1. Entity Name
M & I, LLC



FILED

06 MAY 16 08:22

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
9990 S.W. 77TH AVENUE, STE. 330
MIAMI, FL 33156-2661

Mailing Address
9990 S.W. 77TH AVENUE, STE. 330
MIAMI, FL 33156-2661

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

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

MARGOLIS, JOHN A
9990 S.W. 77TH AVENUE, STE. 330
MIAMI, FL 33156-2661

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

Donald Montellese Donald Montellese

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/06

**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
GONZALEZ, ISMAEL ☐ Delete
STREET ADDRESS
9990 S.W. 77TH AVENUE, STE. 330
CITY-ST-ZIP
MIAMI, FL 331562661

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

TITLE
NAME
MONTELLESE, DONALD ☐ Delete
STREET ADDRESS
9990 S.W. 77TH AVENUE, STE. 330
CITY-ST-ZIP
MIAMI, FL 331562661

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

4/4/06

954-937-3524