

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090519

FILED
Mar 27, 2009
Secretary of State

Entity Name: M & N CONSTRUCTION GROUP LLC

Current Principal Place of Business:

11348 NW 57 TERRACE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11348 NW 57 TERRACE
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-3497945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, ALBERTO
17150 ROYAL PALM BLVD
SUITE 4
WESTON, FL 33326 US

Name and Address of New Registered Agent:

NAVARRO, ALBERTO
11348 NW 57 TERRACE
DORAL, FL 33178 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: ALBERTO NAVARRO

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAVARRO, ALBERTO
Address: 11348 NW 57 TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: SUAREZ, ADA MARIA
Address: 11348 NW 57 TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Delete
Name: MOMPIE, ALEXIS
Address: 11348 NW 57 TERRACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALBERTO NAVARRO

MGRM

03/27/2009

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