

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000029154

1. Entity Name
M.F RETIREMENT FUND, LLC



Principal Place of Business
**6578 S.W. 39TH ST
MIAMI, FL 33155**

Mailing Address
**6578 S.W. 39TH ST
MIAMI, FL 33155**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4586119

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENDOZA, A.
6578 S.W. 39TH ST
MIAMI, FL 33155**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000809126
02/08/08-80009-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MENDOZA, ANTOINETTE
STREET ADDRESS	6578 S.W. 39TH ST
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	MENDOZA, AMY
STREET ADDRESS	12974 N.W. 8TH LN
CITY- ST- ZIP	MIAMI, FL 33182
TITLE	MGRM
NAME	MENDOZA, E.
STREET ADDRESS	30875 GRANADA AVE
CITY- ST- ZIP	BIG PINE KEY, FL 33043
TITLE	MGRM
NAME	MENDOZA, AILYN
STREET ADDRESS	1109 LINCOLN SPARROW COVE
CITY- ST- ZIP	PHLEGERVILLE, TX 78660
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

01/23/08 305-740-4444
Date Daytime Phone #