

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029154

Entity Name: M.F RETIREMENT FUND, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

6578 S.W. 39TH ST
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6578 S.W. 39TH ST
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-4586119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MENDOZA, ANTOINETTE
Address: 6578 S.W. 39TH ST
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: MENDOZA, AMY
Address: 12974 N.W. 8TH LN
City-St-Zip: MIAMI, FL 33182

Title: MGRM () Delete
Name: MENDOZA, E.
Address: 30875 GRANADA AVE
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGRM () Delete
Name: MENDOZA, AILYN
Address: 1109 LINCOLN SPARROW COVE
City-St-Zip: PHELEGERVILLE, TX 78660

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:

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: A. MENDOZA

MGRM

04/10/2009

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