


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90185 015 \*\*\*\*50.00

<b>DOCUMENT # L06000031333</b> 1. Entity Name <b>M &amp; M ESTEPA, LLC</b>	
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Principal Place of Business <b>12501 SW 14 ST. CAMBRIDGE R 114 PEMBROKE PINES, FL 33027</b>	Mailing Address <b>12501 SW 14 ST. CAMBRIDGE R 114 PEMBROKE PINES, FL 33027</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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6. Name and Address of Current Registered Agent <b>PEREZ, ANTONIO R 417 WEST SUGARLAND HWY. CLEWISTON, FL 33440</b>	
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01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4584585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

7. Name and Address of New Registered Agent Name <b>MIGUEL A ESTEPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12501 SW 14 ST CAMBRIDGE R 114</b> City <b>PEMBROKE PINES</b> <b>FL</b> Zip Code <b>33027</b>	
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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: *Miguel A Estepa* DATE: 1/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ESTEPA, MIGUEL A 12501 SW 14 ST, CAMBRIDGE R 114 PEMBROKE PINES, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ESTEPA, MIRIAM C 12501 SW 14 ST, CAMBRIDGE R 114 PEMBROKE PINES, FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Miguel A Estepa* DATE: 1/29/07 1305-731-9675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE