

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 008 ***138.75

DOCUMENT # L06000031333

1. Entity Name

M & M ESTEPA, LLC



Principal Place of Business

12501 SW 14 ST.
CAMBRIDGE R 114
PEMBROKE PINES FL 33027

Mailing Address

12501 SW 14 ST.
CAMBRIDGE R 114
PEMBROKE PINES FL 33027

2. Principal Place of Business - No P.O. Box #

6691 NW 169 ST

3. Mailing Address

6691 NW 169 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33015

Country

DADE

Zip

33015

Country

DADE

4. FEI Number

20-4584585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

- ESTERA, MIGUEL A
12501 SW 14 ST
CAMBRIDGE R 114
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6691 NW 169 ST

City

Hialeah

FL

Zip Code

33015

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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ESTEPA, MIGUEL A ☐ Delete
STREET ADDRESS 12501 SW 14 ST. CAMBRIDGE R 114
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE MGRM
NAME ESTEPA, MIRIAM C ☐ Delete
STREET ADDRESS 12501 SW 14 ST. CAMBRIDGE R 114
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 6691 NW 169 ST ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Hialeah FL 33015

TITLE
NAME 6691 NW 169 ST ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Hialeah FL 33015

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

MIGUEL A. ESTEPA

2/19/08

305-731-9675

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

D-5

Daytime Phone #