FILED Apr 11, 2007 8:00 am Secretary of State 03-27-2007 90203 033 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

		AIIII	- 1121 - 0111				03-27-20	007 9020	13 033	30.00
DOCUMENT # L06000048682 1. Entity Name M & M SOUTH MIAMI, LLC										
Principal Plac	e of Busines:	\$		7						
209 W 21 ST HIALEAH, FL	REET		Mailing Address 209 W 21 STREET HIALEAH, FL 33010							
Principal Place of Business - No P.O. Box # 3. Mailing Address										
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Suite, Apl. #, etc.			Suite. Apt. #. etc.			01102007	Chg-LLC		3 (12/06)	
City & State			City & State			4. FE Numbe	486136	0		oplied For at Applicable
Zip	Country		Zip	Counti		5. Certificate	of Status Desired		5.00 Add	
6. Name and Address of Current			tegistered Agent			7. Name and	Address of New R			
		·	Name			<u> </u>				
SEMPERE, MIGUEL 209 W 21 STREET HIALEAH, FL 33010					Street Address (P.O. Box Number is Not Acceptable)					
HIALEAN,	J									
					City		-	FL	Zip Cod	€
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	Signature, lyped	or puried name of registered ager	Y and late il applicable (NOI)	E Registers	id Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007								check pa Departme		•
9.		MANAGING MEMB	ERS/MANAGERS	10.		<u>I</u> _	ADDITIONS/	CHANGES		
THLE	MGR.		Octore	file	E				Change	Addition
KAME		E, MIGUEL		NAM	- 1					-
.STREET ADDRESS	209 W 21	-			EET ADDRESS					
CITY-\$T-ZEP	HIALBAH	, FL 33010		-1	1-\$1-2IP					
NAME STREET ADDRESS		*5 ·	☐ Defens		E EE1 ADDRESS			1	Change	☐ Addition
CITY-S1-2#	 		☐ Detete	IIIL	- S1-ZEP			··	Change	Addition
NAME STREET ADDRESS CITY-S1-2P					EET ADOMESS			·		
INTE	 		☐ Defete	TITE					Change	Addition
NAME STREET ADDRESS	i		C DERIG	STRE	ET ADDRESS			,		
CITY-ST-ZIP	<u> </u>		□ Defeta	CHY	- S1- ZIP					(T) Aprable /
NAME			LJ Deleta	HAM	E				Change	Addition
STREET ADORESS CHY-ST-ZIP					ET ADORESS - \$1 - ZIP					
TITLE			☐ Defete	IIIL					Change	☐ Addition
NAME				NAM	E			•	•	
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - S1-21P					
11. I hereby certify that the information supplied with this fiting 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 accused 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 separation of tustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 3/05/07 305-fg9-4x02										
	CM WATHER	AND THE OR SHEET WANT	OF SIGNAMO MANAGONO MEMBER MAI	MADER OF	AUTHORIZED REPRESI	THYATON	Dete	David	Day Day of	