

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053066

FILED
Mar 24, 2009
Secretary of State

Entity Name: M&N HOLDINGS OF SOUTH FLORIDA CO., LLC

Current Principal Place of Business:

5430 NW 66TH AVENUE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

5505 W LEITNER DR
CORAL SPRINGS, FL 33067

Current Mailing Address:

5430 NW 66TH AVENUE
CORAL SPRINGS, FL 33067

New Mailing Address:

2280 NW 16 ST
POMPAÑO BEACH, FL 33067

FEI Number: 20-8995128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADER, ROBERT
100 S.E. 2ND STREET
SUITE 3550
MIAMI, FL 33131 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: PRES () Delete
Name: KUCHLER, MICHAEL T
Address: 5430 NW 66 AVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: VICE () Delete
Name: KUCHLER, NICOLE A
Address: 5430 NW 66 AVE
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: KUCHLER, MICHAEL T
Address: 5505 W LEITNER DR.
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: VICE (X) Change () Addition
Name: KUCHLER, NICOLE A
Address: 5505 W LEITNER DR.
City-St-Zip: CORAL SPRINGS, FL 33067 US

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: NICOLE KUCHLER

VP

03/24/2009

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