

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034238

Entity Name: MFB INVESTMENTS, L.L.C.

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11710 ST. ANDREWS PLACE, UNIT 202  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11710 ST. ANDREWS PLACE, UNIT 202  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LANZA, LISA  
200 CRANDON BLVD., SUITE 311  
KEY BISCAYNE, FL 33149 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: MRS  
Name: FALCONI, ANGELICA  
Address: 11710 ST ANDREWS PL APT 202  
City-St-Zip: WELLINGTON, FL 33414

Title: MS  
Name: FALCONI, MICAELA  
Address: 11710 ST ANDREWS PL APT 202  
City-St-Zip: WELLINGTON, FL 33414

Title: MR  
Name: MIGUEL, FALCONI  
Address: 11710 ST ANDREWS PL APT 202  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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: ANGELICA B. DE FALCONI

MRS

02/07/2011

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