

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070180

Entity Name: M6 NC LAND LLC

FILED  
Jun 08, 2009  
Secretary of State

**Current Principal Place of Business:**

8447 REDNOCK LANE  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8447 REDNOCK LANE  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 26-3021714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

G B & B-B REGISTRIES, LLC  
7301 SW 57TH COURT  
560  
SOUTH MIAMI, FL 33143 US

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: MGR ( ) Delete  
Name: MARTINEZ, GEORGE  
Address: 8447 REDNOCK LANE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR ( ) Delete  
Name: MARTINEZ, MARLENE  
Address: 8447 REDNOCK LANE  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARLENE MARTINEZ

MGR

06/08/2009

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