

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113587

FILED
Feb 09, 2009
Secretary of State

Entity Name: M&M CENTRAL PARK 302, LLC

Current Principal Place of Business:

12601 N.W. 115TH AVE., UNIT A-108
MEDLEY, FL 33178

New Principal Place of Business:

12601 N.W. 115TH AVE.,
UNIT A-108
MEDLEY, FL 33178

Current Mailing Address:

12601 N.W. 115TH AVE., UNIT A-108
MEDLEY, FL 33178

New Mailing Address:

12601 N.W. 115TH AVE.,
UNIT A-108
MEDLEY, FL 33178

FEI Number: 30-0524586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, MICHAEL
12601 N.W. 115TH AVE., UNIT A-108
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

ROBLES, MICHAEL
12601 N.W. 115TH AVE.,
UNIT A-108
MEDLEY, FL 33178 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:

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: ROBLES, MICHAEL MGR
Address: 441 SW 176 AVE
City-St-Zip: PEMRBOKE PINES, FL 33029

Title: MR () Change (X) Addition
Name: VALLINA, MANUEL O MGR
Address: 5121 SW 170TH AVE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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: MICHAEL ROBLES

MGR

02/09/2009

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