

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 AUG 30 AM 8:48

2010  
LIMITED LIABILITY  
COMPANY  
Annual Report



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000074259

1. Limited Liability Company's Name

M. L. FLOWERS IMPORT EXPORT, LLC

400183414184  
07/19/10--01046--010 \*\*138.75  
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
13230 SW 132 AVE.

Suite, Apt. #, etc.  
19

City & State  
MIAMI FL

Zip Country  
33186 USA

3. Mailing Office Address  
17275 COLLINS AVE.

Suite, Apt. #, etc.  
710

City & State  
MIAMI, FL.

Zip Country  
33160 USA

4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida 08/03/2009

6. FEI Number 27-0677211 ☐ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
LINA GARCIA

Street Address (P.O. Box Number is Not Acceptable)  
17275 COLLINS AVE.

Suite, Apt. #, Etc.  
710

City  
MIAMI DADE

State Zip Code  
FL 33160

08/31/10--01007--003 \*\*400.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 07/09/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LINA M GARCIA	17275 COLLINS AVE. #710	MIAMI FL. 33160

11. E-mail Address lina@garcia.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager *[Signature]*

Date 07/09/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Hampton AUG 3 2010

6581



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 AUG 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 21, 2010

M. L. FLOWERS IMPORT EXPORT, LLC  
17275 COLLINS AVE  
# 710  
MIAMI, FL 33160

SUBJECT: M. L. FLOWERS IMPORT EXPORT, LLC  
Ref. Number: L09000074259

We have received your document for M. L. FLOWERS IMPORT EXPORT, LLC and check(s) totaling \$138.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$400.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The Division of Corporations no longer has authority to waive the \$400 late fee for annual reports filed after May 1st. The provision for waiver in s. 607.193(2)(b), F.S. was repealed during the 2010 Legislative Session. All business entities except non-profit corporations must pay the late fee if the annual report is filed after May 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00017643