

L19 000 268 488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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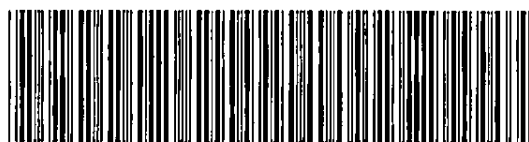
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M & M SERVICES OF PONCE INLET LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN MENDIETA

\_\_\_\_\_  
Name of Person

M & M SERVICES OF PONCE INLET LLC

\_\_\_\_\_  
Firm/Company

4767 S ATLANTIC AVE UNIT 204

\_\_\_\_\_  
Address

PONCE INLET, FL 32127

\_\_\_\_\_  
City/State and Zip Code

mendietasusy18@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN MENDIETA

352 530-3372  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Juan Mendez  
Signature of a member or authorized representative of a member

Typed or printed name of signee



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## Detail by Entity Name

Florida Limited Liability Company

M & M SERVICES OF PONCE INLET, LLC

### Filing Information

**Document Number** L19000268485

**FEI/EIN Number** 84-4827994

**Date Filed** 10/25/2019

**State** FL

**Status** ACTIVE

### Principal Address

4767 S ATLANTIC AVE  
UNIT 204  
PONCE INLET, FL 32127

### Mailing Address

4767 S ATLANTIC AVE  
UNIT 204  
PONCE INLET, FL 32127

### Registered Agent Name & Address

MENDIETA, SUSAN  
4767 S ATLANTIC AVE  
UNIT 204  
PONCE INLET, FL 32127

Name Changed: 04/30/2021

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

MENDIETA, LUIS, MGR  
4767 S ATLANTIC AVE UNIT 204  
PONCE INLET, FL, FL 32127

### Annual Reports

Report Year	Filed Date
2022	05/01/2022
2023	04/29/2023