

2011-2012

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
ANNUAL REPORT**

**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # M08000002374

1. Limited Liability Company's Name

M&P Real Estate LLC

2. Principal Office Address - No P.O. Box #

5 Southside Drive

Suite, Apt. #, etc.

Ste 11-237

City & State

Clifton Park NY

Zip

12065

Country

USA

3. Mailing Office Address

5 Southside Drive

Suite, Apt. #, etc.

Ste 11-237

City & State

Clifton Park NY

Zip

12065

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

05/20/2008

6. FEI Number

26-2534225

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

700226969457

04/02/12--01003--008 **277.50

Angelal@annikaclub59.com

(To be used for future annual report notices)

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

Date

REGISTERED AGENT MUST SIGN

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
Manager/Member	Annika Sorenstam	5 Southside Drive, Ste 11-237	Clifton Park, NY 12065

11. 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing
Member/Manager**

Date

3/21/12

Daytime Phone #

(407) 405-5355

Typed or printed name of signing Managing Member/Manager

Annika Sorenstam

member/manager

B Tadlock APR 03 2012