2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9500000057 1. Entity Name

MML DISTRIBUTORS, LLC



03 MAR -5 AM 11: 20

APPRUIT AND

CERRETARY OF STATE

					600 WI		LANGE ALLACE	EE, FLORIDA			
Principal Plac	e of Business		Mailing Address		•		BAUURING	JEE Harry			
1414 MAIN STREET SPRINGFIELD MA 01144			1414 MAIN STREET SPRINGFIELD MA 01144								
2. Principal F	Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_					
	.,		outo, ript. n, cio.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number	04-3356880	⊢	Applied For Not Applicable	
Zip	Co	untry	Zip Country			·	5. Certificate of S	Status Desired	\$5.00 A	dditional	
	6. Name and A	Address of Current Re	gistered Agent	gistered Agent			7. Name and Address of New Registered Agent				
The state of the state of Agent					Name						
	CORPORATION			Street Address (P.O. Box Number is Not Acceptable)							
	O SOUTH PINE I	_	Street Address			ddress (F	P.O. Box Number is	Not Acceptable)			
PLA	NTATION FL 333	524							·	•••	
				City			· · · · · · · · · · · · · · · · · · ·	FL Zip Co	ode		
8. The above	named entity subn	nits this statement for th	ne purpose of changing its	registere	d office or	registere	ed agent, or both, in	the State of Florida.		n, and accept	
the obligat	ions of registered a	igent.				-				.,	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printe	d name of registered agent and	T				when reinstating)		DATE		
					FEE IS \$5		obc	013526	5080		
			Make Check Payable Due		orida Dep ay 1, 2003		nt of \$\\(\frac{1}{2}\)	30100700	5 **50.O	0	
9. MANAGING MEMBERS/MANAGERS 10								ADDITIONS/CHAI	VGES		
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11. I hereby co	ertify that the inform	nation supplied with this	filing does not qualify for t	he exen	nption state	d in Sec	tion 119.07(3)(i), Flo	orida Statutes. I furthe	r certify that the	information	

indicated on this report is true and accurate and that my 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.