

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085129

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC0129500782**

**Entity Name:** MERRICK VIEW INVESTMENTS MM, INC.

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE  
SUITE 820  
CORAL GABLES, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVENUE  
SUITE 820  
CORAL GABLES, FL 33146 US

**FEI Number:** 80-0492506

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

A&A REGISTERED AGENT, INC.  
135 SAN LORENZO AVENUE  
SUITE 820  
CORAL GABLES, FL 33146 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ALAYON, RICHARD A  
Address 135 SAN LORENZO AVENUE  
SUITE 820  
City-State-Zip: CORAL GABLES FL 33146

Title SD  
Name ALAYON, MARTHA L  
Address 135 SAN LORENZO AVENUE  
SUITE 820  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name SNYDER, DONALD A  
Address 135 SAN LORENZO AVENUE  
SUITE 820  
City-State-Zip: CORAL GABLES FL 33146

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD ALAYON

**PRESIDENT**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date