

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007203

**Entity Name:** M3 VENTURES, LLC

**Current Principal Place of Business:**

4223 CAPITAL CIRCLE, NW  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4223 CAPITAL CIRCLE, NW  
TALLAHASSEE, FL 32303

**FEI Number:** 20-2221499

**Certificate of Status Desired:** No

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

MAYFIELD, CATHERINE  
4223 CAPITAL CIRCLE, NW  
TALLAHASSEE, FL 32303 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MAYFIELD, EMORY LSR.  
Address 4223 CAPITAL CIRCLE, NW  
City-State-Zip: TALLAHASSEE FL 32303

Title MGRM  
Name MAYFIELD, EMORY LJR.  
Address 2688 BRETON RIDGE DR  
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM  
Name MAYFIELD, HENRY M  
Address 1427 SPRUCE AVE  
City-State-Zip: TALLAHASSEE FL 32303

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMORY L MAYFIELD SR

**MEMBER**

**02/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date