#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000077687

Entity Name: MMI-FIM, LLC

### Current Principal Place of Business:

13590 JOG RD 6 DELRAY BEACH, FL 33446

## **Current Mailing Address:**

13590 JOG RD 6 DELRAY BEACH, FL 33446 US

## FEI Number: 27-0826521

# Name and Address of Current Registered Agent:

BOISSEAU, MARC 13590 JOG RD 6 DELRAY BEACH, FL 33446 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                     | : MARC BOISSEAU                          |                 |                       | 04/08/2020 |
|-------------------------------|--|-----------------|-----------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                       | Date       |
| Authorized Person(s) Detail : |  |                 |                       |            |
| Title                         | PRES                                     | Title           | SEC                   |            |
| Name                          | VITEAU, FRANCOIS                         | Name            | VITEAU, ISABELLE      |            |
| Address                       | 13590 JOG RD<br>6                        | Address         | 13590 JOG RD<br>6     |            |
| City-State-Zip:               | DELRAY BEACH FL 33446                    | City-State-Zip: | DELRAY BEACH FL 33446 |            |
| Title                         | TREA                                     |                 |                       |            |
| Name                          | VITEAU, MELANIE                          |                 |                       |            |
| Address                       | 13590 JOG RD<br>6                        |                 |                       |            |
| City-State-Zip:               | DELRAY BEACH FL 33446                    |                 |                       |            |

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: ISABELLE VITEAU

SECRETARY

04/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 08, 2020 Secretary of State 2942174166CC

Certificate of Status Desired: No