

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065539

**Entity Name:** MML APARTMENTS LLC

**Current Principal Place of Business:**

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819

**Current Mailing Address:**

PO BOX 714  
TAMPA, FL 33601 US

**FEI Number:** 27-2897845

**Certificate of Status Desired:** No

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

THE LAW OFFICE OF VIK PARTI P.A.  
7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 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 MGR  
Name HOOPER, MICHAEL L  
Address PO BOX 714  
City-State-Zip: TAMPA FL 33601

Title MGR  
Name SHAPIRO, MICHAEL C  
Address PO BOX 714  
City-State-Zip: TAMPA FL 33601

Title MGR  
Name SHAPIRO, GAIL  
Address PO BOX 714  
City-State-Zip: TAMPA FL 33601

Title MGR  
Name SHAPIRO, MATTHEW S  
Address PO BOX 714  
City-State-Zip: TAMPA FL 33601

*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:** MICHAEL HOOPER

MGR

01/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date