

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199633

**Entity Name:** MME1040 SERVICE LLC

**Current Principal Place of Business:**

6198 N LOCKWOOD RIDGE RD  
SARASOTA, FL 34243

**Current Mailing Address:**

54 S KIRKMAN RD SUITE C  
ORLANDO, FL 32811 US

**FEI Number:** 81-0719168

**Certificate of Status Desired:** No

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

MONPLAISIR, BONA  
54 S KIRKMAN RD SUITE C  
ORLANDO, FL 32811 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:** BONA MONPLAISIR

04/25/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MONPLAISIR, BONA  
Address 54 S KIRKMAN RD SUITE C  
City-State-Zip: ORLANDO FL 32811

Title AMBR  
Name MOMPLAISIR ELYSEE, MILDA  
Address 54 S KIRKMAN RD SUITE C  
City-State-Zip: ORLANDO FL 32811

*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:** BONA MONPLAISIR

AMBR

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date