

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000060539

Entity Name: MP2 & MD & CD, LLC**Current Principal Place of Business:**411 CANDIA AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**411 CANDIA AVENUE
CORAL GABLES, FL 33134 US**FEI Number:** 81-2821039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESCALZO, CHRISTOPHER
411 CANDIA AVENUE
CORAL GABLES, FL 33134 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	AR
Name	DESCALZO, CHRISTOPHER
Address	411 CANDIA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	AR
Name	DESCALZO, MARISSEL
Address	411 CANDIA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	AR
Name	PLANES, MAX
Address	7270 SW 89 ST APT C307
City-State-Zip:	MIAMI FL 33156

Title	AR
Name	PLANES, MARTHA
Address	7270 SW 89 ST APT C307
City-State-Zip:	MIAMI FL 33156

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: CHRISTOPHER DESCALZO

AR

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date