## that my name appears above, or on an attachment with all other like empowered.

VP

#### SIGNATURE: KACIE M SWANN

Electronic Signature of Signing Authorized Person(s) Detail

### Entity Name: MM INVESTMENT PROPERTIES LLC

#### **Current Principal Place of Business:**

5985 N SUMMERLAKE PT CRYSTAL RIVER, FL 34429

DOCUMENT# L22000274961

#### **Current Mailing Address:**

5985 N SUMMERLAKE PT CRYSTAL RIVER. FL 34429 UN

#### FEI Number: 36-5055535

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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MILLER, LINDSEY K 5985 N SUMMERLAKE PT CRYSTAL RIVER, FL 34429 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

#### Authorized Person(s) Detail :

Title	PRES	Title	VP
Name	MILLER, LINDSEY K	Name	SWANN, KACIE M
Address	5985 N SUMMERLAKE PT	Address	41 CORKWOOD BLVD
City-State-Zip:	CRYSTAL RIVER FL 34429	City-State-Zip:	HOMOSASSA FL 34446

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

# Certificate of Status Desired: No

FILED Apr 26, 2024 Secretary of State 0771236760CC

Date

Date

04/26/2024