

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000335089

Entity Name: M 6 M GROUP LLC**Current Principal Place of Business:**2809 REVERE CT
CASSELBERRY, FL 32707**Current Mailing Address:**2809 REVERE CT
CASSELBERRY, FL 32707**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDEZ- MORA, ALEXANDER
2809 REVERE CT
CASSELBERRY, FL 32707 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:** ALEXANDER MENDEZ- MORA ,

04/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MENDEZ- MORA, ALEXANDER
Address 2809 REVERE CT
City-State-Zip: CASSELBERRY FL 32707

Title MGR
Name MENDEZ- CAMELO, GONZALO
Address 2809 REVERE CT
City-State-Zip: CASSELBERRY FL 32707

Title MGR
Name MENDEZ - MORA, GONZALO A
Address 2809 REVERE CT
City-State-Zip: CASSELBERRY FL 32707

Title MGR
Name MORA RODRIGUEZ, MARIA DEL CARMEN
Address 2809 REVERE CT
City-State-Zip: CASSELBERRY FL 32707

Title MGR
Name MENDEZ MORA, GILMAR FERNANDO
Address 2809 REVERE CT
City-State-Zip: CASSELBERRY FL 32707

Title MGR
Name MENDEZ MORA, OLGA LUCIA
Address 2809 REVERE CT
City-State-Zip: CASSELBERRY FL 32707

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: ALEXANDER MENDEZ- MORA

MGR

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date