

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000175551

**Entity Name:** M.D.M. COMMERCIAL ENTERPRISES, LLC

**Current Principal Place of Business:**

2709 COMMERCE WAY  
PHILADELPHIA, PA 19154

**Current Mailing Address:**

2709 COMMERCE WAY  
PHILADELPHIA, PA 19154 US

**FEI Number:** 59-3040331

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**FILED**  
**Apr 27, 2026**  
**Secretary of State**  
**0014246053CC**

*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 MEMBER  
Name ALMO CORPORATION  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name GLENISTER, CLAIRE  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name DE CARLO, JOHN  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name AUSTIN, STEVEN E.  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name FRANK, DANIEL  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name SZPIRO,, MARTIN  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name FRENKEL, STUART  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

Title MEMBER  
Name DRAPER, TROY  
Address 2709 COMMERCE WAY  
City-State-Zip: PHILADELPHIA PA 19154

*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:** NADINE ROBINSON

**TREASURER**

**04/27/2026**

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

\_\_\_\_\_  
Date