

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000164355

**Entity Name:** MANTON 3 LLC

**Current Principal Place of Business:**

490 SAWGRASS CORP PKWY  
310  
SUNRISE, FL 33325

**FILED**  
**Sep 13, 2016**  
**Secretary of State**  
**CC4959673331**

**Current Mailing Address:**

490 SAWGRASS CORP PKWY  
310  
SUNRISE, FL 33325

**FEI Number:** 47-2155642

**Certificate of Status Desired:** No

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

GUTTA, FRANK  
490 SAWGRASS CORP PKWY  
310  
SUNRISE, FL 33325 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 MGR  
Name MEHTA, MISHAAN  
Address 490 SAWGRASS CORP PKWY SUITE  
310  
City-State-Zip: SUNRISE FL 33325

Title MGR  
Name MEHTA, HARISHKUMAR K  
Address 490 SAWGRASS CORP PKWY SUITE  
310  
City-State-Zip: SUNRISE FL 33325

Title AMBR  
Name MEHTA, MEENA J  
Address 490 SAWGRASS CORP PKWY SUITE  
310  
City-State-Zip: SUNRISE FL 33325

*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:** MISHAAN MEHTA

**MGR**

**09/13/2016**

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

\_\_\_\_\_  
Date