

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90155 046 ****50.00

DOCUMENT # L00000013758

1. Entity Name
MANEN, L.L.C.



Principal Place of Business
**11911 U.S. HIGHWAY ONE, STE. 112
NORTH PALM BEACH FL 33408**

Mailing Address
**11911 U.S. HIGHWAY ONE, STE. 112
NORTH PALM BEACH FL 33408**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11911 US HIGHWAY ONE, STE. 112
Suite, Apt. #, etc.

3. Mailing Address
SUITE 208
Suite, Apt. #, etc.

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
USA

City & State
Zip
Country

4. FEI Number **65-1053317**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOVI, DAVID M
319 CLEMATIS ST., SUITE 812
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEDETTO, MATTHEW J 11911 US HIGHWAY ONE, SUITE 112 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALLMAN, JOSH 11911 US HIGHWAY ONE, SUITE 112 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEDETTO, LOUIS JR 11911 US HIGHWAY ONE, SUITE 112 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-03 561-6309130

CR2E083 (10/02)