

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015030

1. Entity Name

CONOR MANNING, L.L.C.

FILED

3/28

01 MAR 26 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

944 W. Prospect Rd  
OAKLAND PARK, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679823

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Susan Manning  
19150 Fox Landing DR.  
Boca Raton, FL 33434

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.

SIGNATURE

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

Susan Manning

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	owner	<input type="checkbox"/> Delete
NAME	Susan Manning MGRM	
STREET ADDRESS	19150 Fox Landing DR	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	owner	<input type="checkbox"/> Delete
NAME	christopher manning MGRM	
STREET ADDRESS	19150 Fox Landing DR	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	owner	<input type="checkbox"/> Delete
NAME	Joseph Manning MGRM	
STREET ADDRESS	19120 Fox Landing DR	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	owner	<input type="checkbox"/> Delete
NAME	Maria Manning MGRM	
STREET ADDRESS	19120 Fox Landing DR	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	owner	<input type="checkbox"/> Delete
NAME	christine manning MGRM	
STREET ADDRESS	2315 Midtown Terrace Apt 1424	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	owner	<input type="checkbox"/> Delete
NAME	William Manning MGRM	
STREET ADDRESS	2315 Midtown Terrace	
CITY-ST-ZIP	Apt. 1424 Orlando, FL 32809	

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

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:

Susan Manning

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

Daytime Phone #

CR2E083 (11/00)