

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000020586**

1. Entity Name

**MARION C. MANNING LLC****FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90014 033 \*\*\*\*50.00

0041858

Principal Place of Business

Mailing Address

**11045 BRONSON ROAD  
CLERMONT FL 34711****11045 BRONSON ROAD  
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**265-20-6474**

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****MANNING, MARION C D.D.S.  
11045 BRONSON ROAD  
CLERMONT FL 34711****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.

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 Department of State  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****TITLE NAME**  
**MGR**  
**MANNING, MARION C D.D.S.**  
**STREET ADDRESS**  
**11045 BRONSON ROAD**  
**CITY-ST-ZIP**  
**CLERMONT FL 34711**☐ Delete**TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**TITLE NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**10. ADDITIONS/CHANGES****TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ Addition**TITLE NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ Addition**TITLE NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ 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****1-7-02****352-394**

CR2E083 (9/01)