2002 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2002 8:00 am Secretary of State DOCUMENT # L01000021235 MANGO PROPERTIES, L.L.C. 07-25-2002 90128 030 ***150.00 Principal Place of Business Mailing Address 1947 MORRILL ST. 1947 MORRILL ST. SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCUS, ANDREW 1947 MORRILL ST. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 Zip Code 8. The above named entity submits this state registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept anging its the obligations of registered **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition CARRILLO, KATHLEEN NAME STREET ADDRESS 1947 MORRILL ST. STREET ADDRESS CR2E083 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP MGR TITL F Delete TITLE ☐ Change ☐ Addition MARCUS, ANDREW NAME NAME STREET ADDRESS 1947 MORRILL ST. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

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

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

Date

Daytime Phone #

☐ Change

☐ Addition

FILED