

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90146 037 \*\*\*138.75

**DOCUMENT # L02000022065**

1. Entity Name

MONDO VENTURES, LLC



Principal Place of Business

8736 SOUTHWEST 60TH CIRCLE  
OCALA FL 34476  
US

Mailing Address

8736 SOUTHWEST 60TH CIRCLE  
OCALA FL 34476  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

OCALA, FL.

City & State

OCALA, FL.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34476

Country

USA

Zip

34476

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGLIŠ, JOHN S ESQUIRE  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BOULEVARD, SUITE 2800  
TAMPA FL 33602

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 if not applicable

(NOTE: Registered agent's fee is required when submitting)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME CANTELE, ARMANDO P  
STREET ADDRESS 8736 SOUTHWEST 60TH CIRCLE  
CITY- ST- ZIP Ocala FL 34476

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Armando P. Cantele*

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

Date

Registered Power of