

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 032 ***538.75

DOCUMENT # L02000031510

1. Entity Name
MANDARIN MEDICAL PLAZA, LLC



Principal Place of Business

**9765 SAN JOSE BLVD.
102
JACKSONVILLE, FL 32257**

Mailing Address

**9765 SAN JOSE BLVD.
102
JACKSONVILLE, FL 32257**

00000001



07152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1562971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANEZ, LUIS
8201 BAYTREE LANE
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ANEZ, LUIS
8201 BAYTREE LANE
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

LUIS F. ANEZ, MGR

7/17/08

904-260-5757

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

Date

Daytime Phone #