### 2008 LIMITED LIABILITY-COMPANY **ANNUAL REPORT**

## **DOCUMENT # L02000032589**

1. Entity Name

MANGO CAY COMMUNITIES, LC



**FILED** Mar 10, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

3825 BECK BLVD

#721 NAPLES, FL 34114 US Mailing Address

3825 BECK BLVD

#721

NAPLES, FL 34114



DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2317460 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L. 4001 TAMIAMI TRAIL NORTH **SUITE 330** NAPLES, FL 34103

## 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)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS TITLE MGR GODE, LARRY NAME STREET ADDRESS 3825 BECK BLVD #721 CITY-ST-ZIP NAPLES, FL 34114 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF PI BER, OR AUTHORIZED REPRESENTATIVE