

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90027 012 ****55.00

DOCUMENT # L02000035175

1. Entity Name

Mangold Enterprises, LLC



DO NOT WRITE IN THIS SPACE

24065189

2. Principal Place of Business

13035 Lake Mary Jane Rd
Suite, Apt. #, etc.

3. Mailing Address

13035 Lake Mary Jane Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

06-11084209

Applied For

Not Applicable

Zip

32832

Country

Orange

Zip

32832

Country

Orange

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | <u>MGRM</u> |
| NAME | <u>Bonny Mangold</u> |
| STREET ADDRESS | <u>13035 Lake Mary Jane Rd</u> |
| CITY-ST-ZIP | <u>Orlando FL 32832</u> |
| TITLE | <u>MGRM</u> |
| NAME | <u>Edward Mangold</u> |
| STREET ADDRESS | <u>13035 Lake Mary Jane Rd</u> |
| CITY-ST-ZIP | <u>Orlando FL 32832</u> |
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**DO NOT WRITE
IN THIS SPACE**

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: Bonny Mangold Bonny Mangold 4-28-04 407-649-7000x13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)