

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000026572

1. Entity Name
MCMANUS & MCMANUS, LLC



Principal Place of Business
**15821 CHIEF COURT
FORT MYERS, FL 33912**

Mailing Address
**15821 CHIEF COURT
FORT MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



04052008No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1599693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THURMAN, KELLI
15821 CHIEF COURT
FORT MYERS, FL 33912**

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCMANUS, MARK
15821 CHIEF COURT
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THURMAN, KELLI
15821 CHIEF COURT
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**U00000500503
04/25/06-80025-001 50.00**

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

SIGNATURE: Kelli Thurman Kelli Thurman, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/06 239-454-1114
Date Daytime Phone #