



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90019 049 \*\*\*\*50.00

<b>DOCUMENT # L03000030400</b> 1. Entity Name <b>AMANDA TAYLOR, LLC</b>					
Principal Place of Business <b>5405 TAYLOR ROAD #4 NAPLES, FL 34109</b>			Mailing Address <b>2262 CAMPESTRE TERRACE NAPLES, FL 34119</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MANGANARO, MICHAEL 2262 CAMPESTRE TERRACE NAPLES, FL 34119</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) -- <hr/> <hr/> City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MANGANARO, BARBARA 2262 CAMPESTRE TERRACE NAPLES, FL 34119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MANGANARO, MICHAEL 2262 CAMPESTRE TERRACE NAPLES, FL 34119</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>MICHAEL MANGANARO</b> <span style="float: right;"><b>4-15-04</b> <b>235 5564888</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>					

**34007315**



04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number **81-0628153** Applied For ☐ Not Applicable ☒

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