2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043113

1. Entity Name
MONGO ONE L.L.C.

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90041 001 ***450.00

Principal Place of Business	Mailing Address
1326 N. DIXIE HIGHWAY SUITE #9 LAKE WORTH, FL 33460 US	1326 N. DIXIE HIGHWAY SUITE #9 LAKE WORTH, FL 33460 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGNER, DORIS R 1326 N. DIXIE HIGHWAY SUITE #9 LAKE WORTH, FL 33460	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAGNER, DORIS R 1326 N. DIXIE HIGHWAY LAKE WORTH, FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Doris Wagner agent 3-29-04 561 588-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #