





**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000069409</b> 1. Entity Name <b>MANUEL, LLC</b>			
Principal Place of Business <b>966 CANDLELIGHT BOULEVARD BROOKSVILLE, FL 34601</b>		Mailing Address <b>P.O. BOX 1931 BROOKSVILLE, FL 34605-1931</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		07102006 No Chg-LLC      CR2E083 (11/05)	
		4. FEI Number <b>20-1687372</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MANUEL, CLIFFORD E SR. 966 CANDLELIGHT BOULEVARD BROOKSVILLE, FL 34601</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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) DATE</small>			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MANUEL, CLIFFORD E SR. 966 CANDLELIGHT BOULEVARD BROOKSVILLE, FL 34601</b>		
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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.		<b>DO NOT WRITE IN THIS SPACE</b>	
SIGNATURE: 		Date: <b>7/14/06</b> Daytime Phone #: <b>352-296-9423</b>	