2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # L04000073374 1. Entity Name 01-28-2005 90074 015 ****55.00 MANGUAL, LLC Principal Place of Business . Mailing Address 814 COUNTRY CLUB DRIVE 814 COUNTRY CLUB DRIVE TAMPA FL 33612 US **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address 814 County Club Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State Applied For City & State 4. FEI Number Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANGUAL, EDWIN JR Street Address (P.O. Box Number is Not Acceptable) **814 COUNTRY CLUB DRIVE TAMPA FL 33612** 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. erk and title if applicable (NOTE Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** ☐ Addition TITLE ☐ Delete MANGUAL, EDWIN JR NAME STREET ADDRESS 814 COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP TETLE TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #