

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90096 038 ***138.75

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1. Entity Name

MANCINI DEVELOPMENT ECC, L.C.



Principal Place of Business

3100 SW 15TH ST
DEERFIELD BEACH, FL 33442

Mailing Address

6850 19 MILE ROAD
STERLING HTS., MI 48314 US

50002663



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1938679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANCINI, DANIEL C MGRM
3100 SW 15TH ST
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MANCINI, DANIEL C MGRM
3100 SW 15TH ST
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MANCINI, STEVE M MGRM
6850 19 MILE ROAD
STERLING HTS., MI 48314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MANCINI, EDWARD A MGRM
6850 19 MILE ROAD
STERLING HTS, MI 48314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

Edward A. Mancini 1/31/08 586 685-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #