

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90096 036 ***138.75

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1. Entity Name
MANCINI DEVELOPMENT IP, L.C.



Principal Place of Business
3100 SW 15TH ST
DEERFIELD BEACH, FL 33442

Mailing Address
6850 19 MILE RD.
STERLING HTS., MI 48314

DO NOT WRITE IN THIS SPACE

01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1938768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANCINI, DANIEL
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	MGRM
NAME	MANCINI, DANIEL C MGRM
STREET ADDRESS	3100 SW 15TH ST
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	MANCINI, STEVE M MGRM
STREET ADDRESS	6850 19 MILE ROAD
CITY-ST-ZIP	STERLING HTS., MI 48314
TITLE	MGRM
NAME	MANCINI, EDWARD A MGRM
STREET ADDRESS	6850 19 MILE ROAD
CITY-ST-ZIP	STERLING HTS., MI 48314
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 #