

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000024038

FILED
Sep 28, 2009
Secretary of State**Entity Name:** MANES INVESTMENTS, LLC**Current Principal Place of Business:**3641 W. KENNEDY BLVD
SUITE D
TAMPA, FL 33609**New Principal Place of Business:**24754 STATE ROAD 54
SUITE 104
LUTZ, FL 33559**Current Mailing Address:**3641 W. KENNEDY BLVD
SUITE D
TAMPA, FL 33609**New Mailing Address:**3524 VALENCIA COVE CT
LAND O LAKES, FL 34639**FEI Number:** 20-2465394**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**MANES, JESUS A
3524 VALENCIA COVE CT
LAND O LAKES, FL 34639 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: MANES, JESUS A
Address: 3524 VALENCIA COVE CT
City-St-Zip: LAND O LAKES, FL 34639**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: VILLARINO, RICHARD
Address: 1203 ANOLAS WAY
City-St-Zip: LUTZ, FL 33548**Title:** MGRM () Change (X) Addition
Name: TERRIO, KEN
Address: 530 HOLLOW RIDGE RD
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JESUS MANES

MGR

09/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date