

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032604

FILED
Jul 11, 2007
Secretary of State

Entity Name: THE MAMONE GROUP, LLC

Current Principal Place of Business:

ONE WEST MAIN STREET
WHITE SULPHE SPRINGS, WV 24986

New Principal Place of Business:

Current Mailing Address:

ONE WEST MAIN STREET
WHITE SULPHE SPRINGS, WV 24986

New Mailing Address:

FEI Number: 55-0642458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOLFE, DAVID L ESQ
2800 SPANISH WELLS BLVD., SUITE 220
NAPLES, FL 34135 US

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: PRES () Delete
Name: MAMONE, ANTHONY PRES
Address: ONE WEST MAIN STREET
City-St-Zip: WHITE SULPHUR SPRINGS, WV 24986

Title: VP () Delete
Name: MAMONE, MICHAEL VP
Address: ONE WEST MAIN STREET
City-St-Zip: WHITE SULPHUR SPRINGS, WV 24986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY MAMONE

PRES

07/11/2007

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