L05000038422

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	· · · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:	[]
	Special Instructions to Filing Officer:

Office Use Only



300111276413

10/29/07--01034--018 **25.00

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS OF CORPORATIONS OF THE CORPORATIONS OF

Ją.

JB

COVER LETTER

_	tion Section of Corporatio	ns	
SUBJECT:	MAN	MANAGEMENT	, LC
-		(Name of Limited Liability	Company)
Dear Sir or Mad	am:		
The enclosed Re	egistered Agen	t/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all	corresponden	ce concerning this matter to th	e following:
1.4.4.	A		
JAM	(Nome of	Person)	. 0
			OT OCT 29 PM 2: 39
	(Firm/Con	pany)	P
1335	Robert	s Bay Lane	R 2: 3
	(Addres	;)	9 5
Sa	rasota,	FL 34242	
	(City/State and	Zip Code)	
For further infor	mation concer	ning this matter, please call:	
,) a yan	er Abb	s.H ot (SAI)	928-9731
	Vame of Perso		rea Code & Daytime Telephone Number)
		,	,
Registrati Division o Clifton Bo 2661 Exec	COURIER AI on Section of Corporations uilding cutive Center C ee, Florida 3230	Regist Divisio P.O. B ircle Tallah	ING ADDRESS: ration Section on of Corporations sox 6327 assee, Florida 32314
Enclosed	l is a check fo	r the following amount:	
⊠ \$25 Fi	iling Fee		Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limite liability company submits the following statement in order to change its registered office or registere agent, or both, in the State of Florida.
1. The name of the limited liability company is: MAN MANAGEMENT, LC
2. The mailing address of the limited liability company is: 1335 Pobetty Bay Lane
Sarasota, FC 34242
4/19/2005 <u>LO5000038422</u>
3. Date of filing/registration in Florida 42 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Jeremy P Rass Name 220 South Franklin Street Address Tampa FL 33602 US City, State and Zip
Tampa FL 33602 US City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: James Abboth 23
Name 1335 Polyti Boy Long
Florida street address (P.O. Box NOT acceptable)
Jarasola FL Jara
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signifure of a member or authorized representative of a member)
JAMES ABBOTT
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or fif this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00