

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061891

Entity Name: MANY MANGOES, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

525 S.W. CAMDEN AVENUE
STUART, FL 34994

New Principal Place of Business:

6721 S E HARBOR CICLE
STUART, FL 34996

Current Mailing Address:

525 S.W. CAMDEN AVENUE
STUART, FL 34994

New Mailing Address:

6721 S E HARBOR CICLE
STUART, FL 34996

FEI Number: 13-4322669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODIE, LAWRENCE P
525 W. CAMDEN AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

BRODIE, LAWRENCE P
6721 SE HARBOR CIRCLE
STUART, FL 34996 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: LAWRENCE BRODIE

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRODIE, LAWRENCE
Address: 525 S.W. CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: BRODIE, SALLY
Address: 525 S.W. CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRODIE, LAWRENCE H
Address: 6721 S.E. HARBOR CIRCLE
City-St-Zip: STUART, FL 34996

Title: MGRM (X) Change () Addition
Name: BRODIE, SALLY H
Address: 6721 W. HARBOR CIRCLE
City-St-Zip: STUART, FL 34996

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: SALLY H. BRODIE

PRES

04/15/2009

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