2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90096 023 ***138.75

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1. Entity Name
MANCINI ENTERPRISES, L.L.C.

50002678

Principal Place of Business	Mailing Address
6850 19 MILE RD STERLING HEIGHTS, MI 48314	6850 19 MILE RD STERLING HEIGHTS, MI 48314

DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
30-0132277
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANCINI, STEVEN
STREET ADDRESS	6850 19 MILE RD
CITY-ST-ZIP	STERLING HEIGHTS, MI 48314
TITLE	MGRM
NAME	MANCINI, DANIEL
STREET ADDRESS	6850 19 MILE RD
CITY-ST-ZIP	STERLING HEIGHTS, MI 48314
TITLE	MGRM
NAME	MANCINI, EDWARD
STREET ADDRESS	6850 19 MILE RD
CITY-ST-ZIP	STERLING HEIGHTS, MI 48314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #