

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90096 023 ***138.75

DOCUMENT # L05000072285

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



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

Mailing Address
**6850 19 MILE RD
STERLING HEIGHTS, MI 48314**

50002678



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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

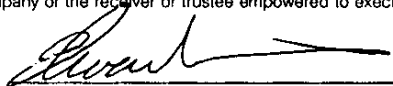
TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #