2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000033302

1. Entity Name
MENGROVE, LLC

Principal Place of Business	Mailing Address
C/O GARY A. KAHLE 99 NESBIT STREET PUNTA GORDA, FL 33950	C/O GARY A. KAHLE 99 NESBIT STREET PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

01252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4726485
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33950

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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

U00000839668
03/06/08-80017-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRUBER, THOMAS A
STREET ADDRESS	825 W RETTA ESPLANADE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGR
NAME	WEBER, JAMES A
STREET ADDRESS	2301 MANGROVE ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: James A. Weber MEMBER 2/19/08 9414564223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #