2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L06000056906

Entity Name: MANISA, LLC

Current Principal Place of Business:

20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432

New Mailing Address:

FEI Number: 20-4977258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPS, MANUEL D
20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

CAMPS, MANUEL
20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432 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: MANUEL CAMPS 03/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAMPS, MANUEL D
Address: 20049 E. PENNSYLVANIA AVE.
City-St-Zip: DUNNELLON, FL 34432

Title: MGRM ( ) Delete
Name: CAMPS, ISABEL G
Address: 20049 E. PENNSYLVANIA AVE.
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAMPS, MANUEL
Address: 20049 E. PENNSYLVANIA AVE.
City-St-Zip: DUNNELLON, FL 34432

Title: MGRM (X) Change ( ) Addition
Name: CAMPS, ISABEL
Address: 20049 E. PENNSYLVANIA AVE.
City-St-Zip: DUNNELLON, FL 34432

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: MANUEL CAMPS P 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date