

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087975

FILED
Apr 22, 2009
Secretary of State

Entity Name: MANGOSTEEN OF SOUTH FLORIDA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3618 DIANNE DRIVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

3618 DIANE DRIVE
BOYNTON BEACH, FL 33435

Current Mailing Address:

3618 DIANNE DRIVE
BOYNTON BEACH, FL 33435

New Mailing Address:

3618 DIANE DRIVE
BOYNTON BEACH, FL 33435

FEI Number: 20-5504789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGER, JIM
3618 DIANNE DRIVE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

HAGER, JIM
3618 DIANE DRIVE
BOYNTON BEACH, FL 33435 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HAGER, JIM
Address: 3618 DIANNE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SEC () Delete
Name: HAGER, ANITA
Address: 3618 DIANNE DDRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HAGER, JIM
Address: 3618 DIANE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SEC (X) Change () Addition
Name: HAGER, ANITA
Address: 3618 DIANE DDRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

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: JIM HAGER

PRES

04/22/2009

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