


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90074 010 ***143.75

DOCUMENT # L06000121039			
1. Entity Name MANDELL MARKETING & PROMOTIONS "LLC."			
Principal Place of Business 140 VIA D ESTE 806 DELRAY BEACH, FL 33445 US		Mailing Address 14545 J MILITARY TRAIL #312 DELRAY BEACH, FL 33484 US	
2. Principal Place of Business - No P.O. Box # 1401 NW 15th AVE Suite, Apt. #, etc. UNIT 3 City & State BOCA RATON, FL Zip 33486 Country U.S.		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 76-0849114		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIPPER, DANIELLE CEO 14545 J MILITARY TRAIL #312 DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Danielle Zipper</i> DATE: 7/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ZIPPER, DANIELLE CEO 140 VIA D ESTE APT 806 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Danielle Zipper</i>		DATE: 7/20/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	