

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010927

Entity Name: MANNIS, LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

91 S. SCHOOL AVENUE  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

91 S. SCHOOL AVENUE  
LECANTO, FL 34461

**New Mailing Address:**

FEI Number: 32-0191951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANNIS, KAREN  
91 S. SCHOOL AVENUE  
LECANTO, FL 34461 US

**Name and Address of New Registered Agent:**

MANNIS, KAREN L  
91 S. SCHOOL AVENUE  
LECANTO, FL 34461 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: KAREN L. MANNIS

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANNIS, MICHAEL  
Address: 91 S. SCHOOL AVENUE  
City-St-Zip: LECANTO, FL 34461

Title: MGR ( ) Delete  
Name: MANNIS, KAREN  
Address: 91 S. SCHOOL AVENUE  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MANNIS, MICHAEL L  
Address: 91 S. SCHOOL AVENUE  
City-St-Zip: LECANTO, FL 34461

Title: MGR (X) Change ( ) Addition  
Name: MANNIS, KAREN L  
Address: 91 S. SCHOOL AVENUE  
City-St-Zip: LECANTO, FL 34461

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: KAREN L. MANNIS

TREA

04/13/2009

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