


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90166 008 \*\*\*138.75

**DOCUMENT # L07000041173**

1. Entity Name  
**MANUEL/MANUEL, LLC**



Principal Place of Business      Mailing Address

966 CANDLELIGHT BOULEVARD      966 CANDLELIGHT BOULEVARD  
 BROOKSVILLE, FL 34601 US      BROOKSVILLE, FL 34601 US

**30004093**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04152008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**20-8861940**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MANUEL, CLIFFORD E SR.**  
**966 CANDLELIGHT BOULEVARD**  
**BROOKSVILLE, FL 34601**

**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 \_\_\_\_\_ 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**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MANUEL, CLIFFORD E SR.	
STREET ADDRESS	966 CANDLELIGHT BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MANUEL, CLIFFORD E JR.	
STREET ADDRESS	966 CANDLELIGHT BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** CLIFFORD E. MANUEL, JR.      Date: 4/15/08      Daytime Phone #: (352) 796 9423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE