
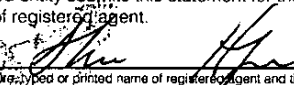
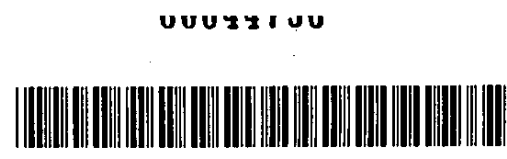


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90098 045 ***138.75

DOCUMENT # L07000120426			
1. Entity Name MANAGE PEOPLE LLC			
Principal Place of Business 18011 JAVA ISLE DR TAMPA, FL 33647		Mailing Address 18011 JAVA ISLE DR TAMPA, FL 33647	
2. Principal Place of Business - No P.O. Box # 943 Fish Hook Cove		3. Mailing Address 943 Fish Hook Cove	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34212		Country USA	
Country USA		Zip 34212	
Country USA		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HORGER, SHERRI 18011 JAVA ISLE DR TAMPA, FL 33647		Name Sheri Horger Street Address (P.O. Box Number is Not Acceptable) 943 Fish Hook Cove City Bradenton FL Zip Code 34212	
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: 7-8-08	
(NOTE: Registered Agent signature required when reinstating)		DATE	
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	MGR HORGER, SHERI 18011 JAVA ISLE DR TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sheri Horger 943 Fish Hook Cove Bradenton FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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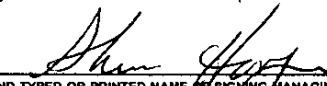


07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1486577** Applied For Not Applicable

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

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:  **7-8-08** **734-272-3675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #