

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038231

Entity Name: MANSUR 11190, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

320 1ST STREET NORTH #812  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

320 1ST STREET NORTH  
#812  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

320 1ST STREET NORTH #812  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CONTEGA BUSINESS SERVICES, LLC  
554 LOMAX STREET  
JACKSONVILLE, FL 32204 US

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

MANSUR, AL  
320 1ST ST NORTH  
#812  
JACKSONVILLE, FL 32250 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: AL MANSUR

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: S ( ) Change (X) Addition  
Name: KRATSAS, ARZU  
Address: 2420 PINE ISLAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224

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: AL MANSUR

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04/14/2009

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