

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100043

Entity Name: RICH MAHOGANY LLC

FILED
May 30, 2009
Secretary of State

Current Principal Place of Business:

4860 N.W. 39TH AVE.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4860 N.W. 39TH AVE.
SUITE A
GAINESVILLE, FL 32606 US

Current Mailing Address:

4860 N.W. 39TH AVE.
GAINESVILLE, FL 32606 US

New Mailing Address:

4860 N.W. 39TH AVE.
SUITE A
GAINESVILLE, FL 32606 US

FEI Number: 26-3592598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STONE, JOSHUA
7456 HUNTERS GREENE CIR.
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

STONE, JOSHUA
4860 NW 39TH AVENUE
SUITE A
GAINESVILLE, FL 32606 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:

05/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STONE, JOSHUA
Address: 4860 N.W. 39TH AVE.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM (X) Delete
Name: STONE, JASON
Address: 4860 N.W. 39TH AVE.
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSHUA STONE

MGRM

05/30/2009

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