# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# L08000115922

**Entity Name:** M'PINGO MANAGEMENT, LLC

**Current Principal Place of Business:**

65 S.E. 5TH AVENUE, #K
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

65 S.E. 5TH AVENUE, #K
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number: 26-3915175** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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

WILSON, MICHAEL D
65 S.E. 5TH AVENUE, #K
DELRAY BEACH, FL 33483 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: MICHAEL D. WILSON 04/29/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: MODARRES, SAIID F
Address: 65 S.E. 5TH AVENUE, #K
City-St-Zip: DELRAY BEACH, FL 33483

Title: ST ( ) Delete
Name: WILSON, MICHAEL D
Address: 65 S.E. 5TH AVENUE, #K
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: WILSON, MICHAEL D
Address: 65 S.E. 5TH AVENUE, #K
City-St-Zip: DELRAY BEACH, FL 33483

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: MICHAEL D. WILSON MGR 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date