

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000014663

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** MANCINI PROPERTIES LLC

**Current Principal Place of Business:**

194 FLETCHER DR  
MAPLE, ONTARIO  
L6A 2G2 CANADA, XX XX

**New Principal Place of Business:**

**Current Mailing Address:**

194 FLETCHER DR  
MAPLE, ONTARIO  
L6A 2G2 CANADA, XX XX

**New Mailing Address:**

**FEI Number:** 45-4257417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVE. SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MANCINI, DANNY  
**Address:** 194 FLETCHER DR, MAPLE, ONTARIO  
**City-St-Zip:** L6A 2G2 CANADA, XX XX

**Title:** MGR  
**Name:** MANCINI, GRACE  
**Address:** 194 FLETCHER DR, MAPLE, ONTARIO  
**City-St-Zip:** L6A 2G2 CANADA, XX XX

I hereby 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: DANNY MANCINI      PRES      02/19/2012

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