

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90120 009 \*\*\*\*50.00

**DOCUMENT #** L96000001208

1. Entity Name

MNGC REALTY, L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
14610 SW 64th Court

Suite, Apt. #, etc.

3. Mailing Address  
575 E. Chocolate Ave.

Suite, Apt. #, etc.  
Attn: William Leahy

City & State  
Miami FL

Zip  
33158

Country  
USA

City & State  
Hershey PA

Zip  
17033

Country  
USA

4. FEI Number  
65-0741540

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
R. Daniel Mays

Street Address (P.O. Box Number is Not Acceptable)

14610 SW 64th Court

City  
Miami FL Zip Code  
33158

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
R. Daniel Mays  
14610 SW 64th Court  
Miami, FL 33158

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Stephen J. Garchik  
575 E. Chocolate Avenue  
Hershey, PA 17033

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/6/02 703-830-3593

Date

Daytime Phone #

William F. Leahy, Authorized Representative

CR2E083B (12/01)