

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90007 015 ****50.00

DOCUMENT # L97000000519

1. Entity Name
LIANA MANNING, L.C.



Principal Place of Business
**930 N.W. 44TH STREET
OAKLAND PARK, FL 33309**

Mailing Address
**19150 FOX LANDING DR.
BOCA RATON, FL 33434**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0753295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANNING, SUSAN
19150 FOX LANDING DR.
BOCA RATON, FL 33434**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANNING, CHRISTOPHER
STREET ADDRESS	19150 FOX LANDING DR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, JOSEPH
STREET ADDRESS	18120 FOX LANDING DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, SUSAN
STREET ADDRESS	19150 FOX LANDING DR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, MARIA
STREET ADDRESS	19120 FOX LANDING DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 the receiver 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Susan Manning 1/15/05 954-772-7663