

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90020 031 ****50.00

DOCUMENT # L99000000406 1. Entity Name MNS FINANCIAL MANAGEMENT, L.L.C.			
Principal Place of Business 8961 CONFERENCE DRIVE STE 1 FORT MYERS, FL 33919		Mailing Address 8961 CONFERENCE DRIVE STE 1 FORT MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box # 6216 Whiskey Creek Drive		3. Mailing Address 6216 Whiskey Creek Drive	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Fort Myers FL		City & State Fort Myers, FL	
Zip 33919		Zip 33919	
Country USA		Country USA	
6. Name and Address of Current Registered Agent KRICHBAUM, RICHARD E 8961 CONFERENCE DRIVE STE 1 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Richard E Krichbaum</i></u> DATE <u>1/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRICHBAUM, RICHARD E 8961 CONFERENCE DR, STE 1 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6216 Whiskey Creek Drive Ste A Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDS, KIM S 8961 CONFERENCE DR, STE 1 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6216 Whiskey Creek Drive, Ste A Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Richard E Krichbaum</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>1/10/07</u> <u>239-454-1117</u> <small>Date Daytime Phone #</small>	



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0889300
Applied For
Not Applicable

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