

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000000943

1. Entity Name
MANNA FROM HEAVEN, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 8:39

Principal Place of Business
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

Mailing Address
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103-2715



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Richman, Deifik, Lanier & Ross, PA
Suite, Apt. #, etc.
2640 Golden Gate Parkway, #06
City & State
Naples, FL 34105

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557556
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLASP INC.
C/O CUMMINGS & LOCKWOOD
3001 TAMiami NORTH, 4TH FLOOR
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
Richman, Deifik, Lanier & Ross, PA
Street Address (P.O. Box Number is Not Acceptable)
2640 Golden Gate Parkway, #206
City
Naples, FL
Zip Code
34105

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 2/7/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLARKE, MATTHEW R	
STREET ADDRESS	2413 KINGS LAKE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLARKE, ANDREW D	
STREET ADDRESS	452 BERKLEY CRESCENT, N.W.	
CITY-ST-ZIP	CALGARY ALBERTA T351A8 CANAD	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLARKE, KIM M	
STREET ADDRESS	2413 KINGS LAKE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS/CHANGES
Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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-02/23/00-01093-007
*****55.00 *****55.00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/7/00 (941) 593-4948

CR2E083 (9/99)