

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000943

1. Entity Name
MANNA FROM HEAVEN, LLC

FILED

01 APR -4 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O RICHMAN.DEIFIK. LANIER & ROSS.PA
2640 GLDEN GATE PARKWAY SUITE 206
NAPLES FL 34105

Mailing Address
C/O RICHMAN.DEIFIK. LANIER & ROSS.PA
2640 GLDEN GATE PARKWAY SUITE 206
NAPLES FL 34105

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3557556

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHMAN, DEIFIK, LANIER & ROSS, PA
2640 GOLDEN GATE PARKWAY, #206
ATTN: DONALD K. ROSS, JR.
NAPLES FL 34105

Name

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

City

FL

Zip Code

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.

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
CLARKE, MATTHEW R
2413 KINGS LAKE BOULEVARD
NAPLES FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9175 THE LANE
NAPLES, FL, 34109 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLARKE, ANDREW D
452 BERKLEY CRESCENT, N.W.
CALGARY ALBERTA T351A8 CANAD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
179 CYPRESS WAY/ E. #101
NAPLES, FL, 34110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
CLARKE, KIM M
2413 KINGS LAKE BOULEVARD
NAPLES FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9175 THE LANE
NAPLES, FL, 34109 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003993172--8
-04/12/01--01009--007
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]* MANAGING MEMBER

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

* 01/23/01

Date

* 941-593-4948

Daytime Phone #

0020730 AF

CR2E083 (11/00)