

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90164 036 ****50.00

DOCUMENT # L99000000943

1. Entity Name

MANNA FROM HEAVEN, LLC

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****B0049365**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	CLARKE, MATTHEW R	
STREET ADDRESS	9175 THE LANE	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLARKE, ANDREW D	
STREET ADDRESS	179 CYPRESS WAY E., #101	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	CLARKE, KIM M	
STREET ADDRESS	9175 THE LANE	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/11/02

Date

941-593-4948

Daytime Phone #

CR2E083 (9/01)