2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000005345



FILED Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90149 032 ***138.75

1. Entity Nar THE MA		NCH, LLC							
Principal Plac	ce of Busines	s	Mailing Address		.·. <u>.</u>	1			
32150 CLAYGULLEY RD. Myakka City, Fl. 34251			32150 CLAYGULLEY RD. Myakka City, Fl 34251			60015867			
2. Principal f	Place of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082008	Chg-LLC	CR2E083 (12/06))		
City & State		City & State			4. FEI Numb			pplied For lot Applicable	
Zip Country		Zip	Country			of Status Desired	□ \$5.00 Ad Fee Require		
	6. Name	and Address of Current F	Registered Agent		Name	7. Name and	d Address of New Re	gistered Agent	
KLAUS, SUSAN C 32150 CLAYGULLEY RD.						(P.O. Box Numb	per is Not Acceptable)		
MYAKKA	CITY, FL	34251							
					City			FL Zip Cox	
the obligat	e named entity tions of regist	y submits this statement for lered agent.	the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of Flori	ida. I am familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registere	d Agent signature require	d when reinstating)	 	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State			
									te
	y 1, 2008		RS/MANAGERS	10.				Department of Stat	te
9.	y 1, 2008 MGR	Fee will be \$538.75 MANAGING MEMBER	RS/MANAGERS	TITLE			Florida	Department of Stat	Addition
9. TITLE NAME STREET ADDRESS	MGR KLAUS, S 32150 CL	MANAGING MEMBER SUSAN C AYGULLEY RD.		TITLE NAMI STRE	E Et address		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-SI-2IP	MGR KLAUS, S 32150 CL	Fee will be \$538.75 MANAGING MEMBER	☐ Delete	TITLE NAMI STRE CITY	E ET ADDRESS - ST- ZIP		Florida	Department of State CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS	MGR KLAUS, S 32150 CL	MANAGING MEMBER SUSAN C AYGULLEY RD.		TITLE NAMI STRE	E ET ADDRESS -ST-ZIP		Florida	Department of State	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE