200	UNIFURM BUS	ME99 KEPC	KI (UBK)	_ ,			
DOCU 1. Entity Nam	MENT # L9900						
MANN EQUITIES COMPANY, L.C.				FILED			
Principal Plac	o of Business	01 FEB -5 AM 10: 14					
Principal Place of Business Mailing Address  599 OCEAN SHORE BLVD  ORMOND BEACH FL 32176 ORMOND BEACH FL 32176				SEGRETARY OF STATE TABLAHASSEE, FLORIDA			
URMOND BE	ACH FL 32176	ORMONU BEAUTI PL 32	170	1			
Principal Place of Business     3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59	-3607015	<del></del>	plied For
Zip	Country	Zip	Country	5. Certificate of Status Desired			
6. Name and Address of Current I		Registered Agent	7. Name and A		s of New Registered Age		<u></u>
				ame			
MORRISON, RICHARD W ATTORNEY AT LAW				ss (P.O. Box Number is Not Acceptable)			
4875 NORTH FEDERAL HWY 10TH FLOOR						•	
FT LAUDERDALE FL 33308			City		FL	Zip Code	;
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the	State of Florida.		
	•			-			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd this if applicable (AIOT	E: Registered Agent signature requin	ad whose exists time.	DATE		
\	Signature, typed or printed harrie or registered agent a	ito tite ii applicacie. (1401)	L. Registored Agent organizate region	ST WINDS (GINGLESSING)	DAIL		
			OW!!! FEE IS \$50.00	L			
•		Make Check Pa	yable to Department	of State		*	
9.	MANAGING MEMBE	RS/MEMBERS	10.	A	DDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE			] Change	☐ Addition
NAME STREET ADDRESS	MANN, JOHN J JR 599 OCEAN SHORE BLVD		NAME STREET ADDRESS		•		}
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP				-
TITLE	MGRM	☐ Delete	TITLE	<del></del>		Change	Addition
NAME	MANN, PATRICIA M		NAME				,
STREET ADDRESS CITY-ST-ZIP	599 OCEAN SHORE BLVD ORMOND BEACH FL-32176-		STREET ADDRESS	الم المساحدة بالمائية	appearance of the second second		
TITLE	Olimona BEAGITTE GETTO	☐ Delete	TITLE			Change	Addition
NAME	,		NAME	700	10026772	>77	
STREET ADDRESS   CITY-ST-ZIP			STREET ADDRESS	,	10036778 10-2018/0101		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	71.		4	ł
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP		-	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.							
minted sigt	mity company of the receiver of thesise	Compowered to execute this t	The state of the s	ner 000, monua Statutes.	1		
SIGNAT	URE:	SIGNING MANAGING WENGER, MAN	IAGER, OR AUTHORIZED REPRES	ENTATIVE Date	2/ 01 Daytim	e Phone #	