

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037262 1. Entity Name MANUEL BREND, LLC	
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Principal Place of Business
**11435 S.W. 140TH AVENUE
DUNNELLON, FL 34432**

Mailing Address
**P.O. BOX 1784
DUNNELLON, FL 34430**



04092005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0290975	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LUMAPAS, VIVIENE F
11435 S.W. 140TH AVENUE
DUNNELLON, FL 34432**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	LUMPAS, VIVIENE
STREET ADDRESS	11435 SW 140TH AVENUE
CITY - ST - ZIP	DUNNELLON, FL 34432

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/12/05-80016-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/8/05

Date

352-4657730

Daytime Phone #