

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000081409

**Entity Name:** MAHNED LLC

**Current Principal Place of Business:**

37633 SKY RIDGE CIRCLE  
DADE CITY, FL 33525

**Current Mailing Address:**

37633 SKY RIDGE CIRCLE  
DADE CITY, FL 33525 US

**FEI Number:** 82-1166679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DENHAM, MICHELLE A  
37633 SKY RIDGE CIRCLE  
DADE CITY, FL 33525 US

*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:** MICHELLE A DENHAM

02/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	DENHAM, JUSTIN P	Name	DENHAM, MICHELLE A
Address	37633 SKY RIDGE CIRCLE	Address	37633 SKY RIDGE CIRCLE
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33525

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE A DENHAM

ABMR

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date