

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000006971

1. Entity Name

MONARCH HOLDINGS, LLC

FILED

01 FEB -2 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3822 BLUE BELL STREET
PALM BEACH GARDENS FL 33410

Mailing Address

3822 BLUE BELL STREET
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3822 Bluebell St

3. Mailing Address

3822 Bluebell St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bch Gardens, FL

City & State

Palm Bch Gardens, FL

Zip

33410

Country

U.S.

Zip

33410

Country

U.S.

4. FEI Number

65-1011520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT

3822 BLUE BELL STREET

PALM BEACH GARDENS FL 33410

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

Robert Johnson - Robert Johnson Reg. Agent

7/29/01

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

(NOTE: Registered Agent signature required when remaking)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CEO
Robert J. Murphy
P.O. Box 2597
Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Robert T. Johnson
3822 Bluebell St.
Palm Bch GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003662967-6
-02/09/01--01021--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Johnson - Robert Johnson Reg. Agent

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)