

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 06, 2002 8:00 am
Secretary of State

05-07-2002 90388 002 ****50.00

DOCUMENT # L01000020823

1. Entity Name

MONICI INVESTMENTS, L.L.C.**40608**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2352 SCENIC HILL DR.
SPRING HILL FL 34606****2352 SCENIC HILL DR.
SPRING HILL FL 34606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59.3738899

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWD, JEFFREY A
2512 CLARESIDE DR.
VALRICO FL 33594**

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MONICI, MARCELLO
2352 SCENIC HILL DR.
SPRING HILL FL 34606** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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:

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

Date

Daytime Phone #

CR2E083 (4/02)

July 30, 2002

Limited Liability Company

Division of Corporations

P.O. Box 6478

Tallahassee FL 32314-6478

Attention: Madeline

Dear Madeline,

I am following up on our phone call last week about the UBR for Monici Investments LLC.

As we discussed, I previously filed the UBR (registered agent was not filled in) and paid the fifty-dollar fee. As I told you, I did not receive the letter that you sent me dated May 15th.

Enclosed is the new UBR that you sent me with the registered agent filled in. Please process along with the fee that you have on file for me.

Thank you very much.

Sincerely,

Marcello Monici

Attachment

40608

LO100002083