## 2004 LIMITED LIABILITY COMPANY a Winnual Report (AR)

SIGNATURE: DOUGLAS F. LONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

## May 04, 2004 8:00 am Secretary of State DOCUMENT # L01000022497 1. Entity Name 05-04-2004 90026 007 \*\*\*\*50.00 MONARCH FINANCIAL, LLC Principal Place of Business Mailing Address 2611 TECHNOLOGY DR. ORLANDO FL 32804 7303 N. NEBRASKA AVE. TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 32-0000188 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASDICK, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 37 N. ORANGE AVE. SUITE 210 ORLANDO FL 32801 City 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, 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 Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change ☐ Addition PINNACLE FINANCIAL CORPORATION NAME NAME STREET ADDRESS 1500 LEE ROAD SUITE 200 STREET ADDRESS 2611 Technology Drive ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32804 Delete TITLE ☐ Change ☐ Addition TITLE BROWNDORF, STEPHEN NAME STREET ADDRESS 7703 NEBRASKA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL 38604 CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition MGR NAME NAME LONG, DOUGLAS F STREET ADDRESS 1500 LEE RD, STE 200 STREET ADDRESS 2611 Technology Drive CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Orlando, FL 32804 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

**FILED** 

4-29-04

407-578-2000