2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 17, 2004 8:00 am **Secretary of State** DOCUMENT # L02000002102 02-17-2004 90194 017 ****50.00 KORLL MONROE LLC. Principal Place of Business Mailing Address 755 38TH AVENUE SOUTH SAINT PETERBURG FL 33705 755 38TH AVENUE SOUTH SAINT PETERBURG FL 33705 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 75-2990960 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 MONROE, KORI L Street Address (P.O. Box Number is Not Acceptable) 755 38TH AVENUE SOUTH SAINT PETERSBURG FL 33705 Zip Code FL 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 Florida Department of State 🏸 - Due By May 1, 2004 🧠 🦠 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TIT! F ☐ Change ☐ Addition MONROE, TWANNA D NAME STREET ADDRESS 755 38TH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33705 CITY-ST-ZIP Tréksure KORI L. MONROE 155 38 m AVE SU. ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS ST. Pete, FL 33705 CJTY - ST - 7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME: NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TIM F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP ☐ 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.

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

SIGNATURE:

FILED

Daytime Phone #