

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90027 033 ****50.00

DOCUMENT # L02000009345

1. Entity Name
THE MONROE DONUT COMPANY, LLC



Principal Place of Business
2704 N. ROOSEVELT BLVD.
KEY WEST, FL 33040

Mailing Address
2200 S. DIXIE HW, SUITE 702-3
MIAMI, FL 33133

20017968



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
02-0598095

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

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

Filing Fee Is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: P
NAME: LEWIS, THOMAS E
STREET ADDRESS: 2200 S. DIXIE HWY, SUITE 702-8
CITY-ST-ZIP: MIAMI, FL 33133 ☐ Delete

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

TITLE: V
NAME: JARRETT, SANDRA
STREET ADDRESS: 516 S. ORLEANS
CITY-ST-ZIP: TAMPA, FL 33606 ☐ Delete

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

TITLE: S
NAME: JETER, JERRY D
STREET ADDRESS: 1329 EUCLID AVE. #2
CITY-ST-ZIP: MIAMI BEACH, FL 33139 ☒ Delete

TITLE: ☒ Change ☐ Addition
NAME: Jeter, Jerry D.
STREET ADDRESS: 1545 Euclid Ave. #24
CITY-ST-ZIP: Miami Beach, FL 33139

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 #