

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90089 035 \*\*\*\*50.00

**DOCUMENT # L03000044847**

1. Entity Name

MONIER CONSTRUCTION LLC



Principal Place of Business

1076 ALTON RD.  
PORT CHARLOTTE FL 33952

Mailing Address

1076 ALTON RD.  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

1204 Hinton St

3. Mailing Address

1204 Hinton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

36-4537610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONIER, JOHN  
1076 ALTON RD.  
PORT CHARLOTTE FL 33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John Monier*

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete

NAME MONIER, JOHN  
STREET ADDRESS 1076 ALTON RD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE MGR ☐ Delete

NAME MONIER, TAMMIE  
STREET ADDRESS 1076 ALTON RD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1204 Hinton St  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1204 Hinton St  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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.

SIGNATURE: *Tammie Monier* Tammie Monier

8-3004

941-624-3877

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

Date

Daytime Phone #