

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000053257**



1. Entity Name  
**THE MONARCH COMPANY LLC**

Principal Place of Business 1936 SAGEWAY DR. TALLAHASSEE, FL 32303	Mailing Address 1936 SAGEWAY DR. TALLAHASSEE, FL 32303
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

**6. Name and Address of Current Registered Agent**

**KNAFLE, PAUL H**  
1936 SAGEWAY DR.  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGRM KNAFLE, PAUL H 1936 SAGEWAY DR. TALLAHASSEE, FL 32303</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	MGRM KNAFLE, PAUL H 1936 SAGEWAY DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Paul H. Knafle 3/6/06 (850) 556-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>48-1297754</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**