

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000053257

1. Entity Name

THE MONARCH COMPANY LLC



FILED

08 SEP 17 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4001 SE COMMERCE AVE.  
STUART FL 34997

Mailing Address

4001 SE COMMERCE AVE.  
STUART FL 34997

2. Principal Place of Business - No P.O. Box #

6213 SW Citrus Blvd  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

34990

Country

MArtin

Zip

Country

2nd MOORE

CR2E083 (4/08)

4. FEI Number

48-1297754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

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)

8537 SE Nicolette Ln.

City

Hobe Sound

FL

Zip Code

33455

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

Paul H. Knafle PAUL H. KNAFLE

9/2/08

Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when correlating)

DATE

FILE NOW!!! FEE IS \$538.75

Make Check Payable to Florida Department of State

Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KNAFLE, PAUL H	
STREET ADDRESS	8537 SE NICOLETTE LN.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PERAGINE, NICHOLAS J	
STREET ADDRESS	4644 SE BRIDGETOWN CT.	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900136150019  
09/19/08--01042--018 \*\*138.75

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 PAUL H. KNAFLE 9/2/08

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

Date

Daytime Phone #