

FOR PROFIT  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 05, 2008 8:00 am  
Secretary of State

05-05-2008 90026 036 \*\*\*150.00

DOCUMENT # <b>L04000008353</b>	
1. Entity Name	
TOM MONICO, LLC <i>Tom Monaco, LLC</i>	

**DO NOT WRITE IN THIS SPACE**

**60038571**

2. Principal Place of Business 4076 S 125th Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake Worth, FL		City & State	
Zip 33467	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 099-34-8957		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		-Name Thomas J Monaco Street Address (P.O. Box Number is Not Acceptable) 4076 S 125th Ave.  City Lake Worth FL Zip Code 33467		

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST D Thomas J Monaco 4076 S 125h Ave Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J Monaco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 798-0728

Daytime Phone #