

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093816

Entity Name: MONO MARKETING LLC

FILED
Sep 06, 2006
Secretary of State

Current Principal Place of Business:

540 NORTH HWY 434 SUITE 144
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 163126
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 20-2194971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOROUZI, DAVID
P.O. BOX 163126
ALTAMONTE SPRINGS, FL 32716 US

Name and Address of New Registered Agent:

MORADI, MEHRAN
P.O. BOX 163126
ALTAMONTE SPRINGS, FL 32716 US

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.

SIGNATURE: DAVID NOROUZI

09/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOROUZI, DAVID
Address: P.O. BOX 163126
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: MGRM () Delete
Name: MORADI, MEHRAN
Address: P.O. BOX 163126
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: NOROUZI, DAVID
Address: P.O. BOX 163126
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID NOROUZI

PRES

09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date