
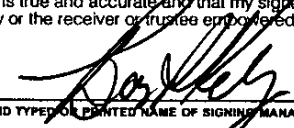


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90032 001 ****50.00

DOCUMENT # L05000010404 1. Entity Name MONTICELLO TRADING COMPANY, LLC					
Principal Place of Business 100 WEST DOGWOOD STREET MONTICELLO, FL 32344 US			Mailing Address 100 WEST DOGWOOD STREET MONTICELLO, FL 32344 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINGS, MARGARET 225 NORTH JEFFERSON STREET MONTICELLO, FL 32344				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	LEVINGS, MARGARET <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	225 NORTH JEFFERSON STREET		STREET ADDRESS		
CITY - ST - ZIP	MONTICELLO, FL 32344		CITY - ST - ZIP		
TITLE	MGR		TITLE		
NAME	KELLY, BARRY P <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	215 NORTH JEFFERSON STREET		STREET ADDRESS		
CITY - ST - ZIP	MONTICELLO, FL 32344		CITY - ST - ZIP		
TITLE	MGR		TITLE		
NAME	KELLY, PAM <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	215 NORTH JEFFERSON STREET		STREET ADDRESS		
CITY - ST - ZIP	MONTICELLO, FL 32344		CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	