

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-2264577**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LEVINGS, MARGARET	
STREET ADDRESS	225 NORTH JEFFERSON STREET	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KELLY, BARRY P	
STREET ADDRESS	215 NORTH JEFFERSON STREET	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KELLY, PAM	
STREET ADDRESS	215 NORTH JEFFERSON STREET	
CITY-ST-ZIP	MONTICELLO, FL 32344	

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

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

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	U000000627452	
CITY-ST-ZIP	02/15/07-80062-018 50.00	

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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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

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

Date

Daytime Phone #