

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000045236

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Entity Name:** MONIQUE L. DE GRAW, LLC

**Current Principal Place of Business:**

820 NORTH ATLANTIC AVENUE  
SUITE #A104  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 NORTH ATLANTIC AVENUE  
SUITE #A104  
COCOA BEACH, FL 32931 US

**New Mailing Address:**

**FEI Number:** 20-3163026

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

DE GRAW, MONIQUE L  
820 NORTH ATLANTIC AVE.  
SUITE #A104  
COCOA BEACH, FL 32931 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** DE GRAW, MONIQUE L  
**Address:** 820 NORTH ATLANTIC AVE., #A104  
**City-St-Zip:** COCOA BEACH, FL 32931 US

**ADDITIONS/CHANGES:**

**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:** MONIQUE L. DE GRAW

MS.

01/09/2007

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