## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # L05000062040** 1. Entity Name 02-27-2006 90430 003 \*\*\*\*50.00 MONIC LLC Principal Place of Business Mailing Address 1900 SW 126 CT MIAMI FL 33175 1900 SW 126 CT MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 20 -3042742 Noi Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAS, JUAN A 1900 SW 126 CT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** City 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. (NOTE: Reussered Agent services required when recretained FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Change ☐ Addition NAME DCT & INVESTMENT GROUP, INC. NAME STREET ADDRESS 1900 SW 126 CT STREET ADDRESS CITY-SI-ZIP MIAMI FL 33175 CITY-ST-ZIP ☐ Change IME Delete TITLE ☐ Addition EYAK INVESTMENT INC. NALLE NAME STREET ADDRESS 3167 SW 143 PLACE STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP - Palain TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- DP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP HRE TITLE ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP TETLE ☐ Delete ITTLE ☐ Change ☐ Addition 22AME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 each; that I am a managing member or manager of the limited liability company or the receipter or trustee empowered to execute this report as required by Chapter 608; Florida Statutes.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

MONIC LLC 1900 SW 126 CT MIAMI, FL 33175

Subject: MONIC LLC

Reference Number:

LØ5000062040

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION