

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089632

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF MONIQUE R. RICHARDSON, PLLC

**Current Principal Place of Business:**

327 OFFICE PLAZA DR.  
SUITE 204  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

327 OFFICE PLAZA DRIVE  
SUITE 204  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

P. O. BOX 12195  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 61-1492070      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RICHARDSON, MONIQUE R  
327 OFFICE PLAZA DRIVE  
SUITE 204  
TALLAHASSEE, FL 32301 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: RICHARDSON, MONIQUE R  
Address: 3715 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL 32309 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RICHARDSON, MONIQUE R  
Address: 327 OFFICE PLAZA DRIVE, STE. 204  
City-St-Zip: TALLAHASSEE, FL 32301 US

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 RICHARDSON

MGRM

01/30/2006

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