

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Feb 20, 2006 8:00 am
Secretary of State

01-23-2006 90140 007 ****50.00

DOCUMENT # L05000101988					
1. Entity Name MONTRES WATCH SERVICE, LLC					
Principal Place of Business 2387 SW SALMON RD PORT ST LUCIE, FL 34953 US			Mailing Address 2387 SW SALMON RD PORT ST LUCIE, FL 34953 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3652725	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEISEL, MARIO 2387 SW SALMON RD PORT ST LUCIE, FL 34953				7. Name and Address of New Registered Agent 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 in printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when provided)					
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEISEL, MARIO 2387 SW SALMON RD PORT ST LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEISEL, EUGENIA 2387 SW SALMON RD PORT ST LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 605, Florida Statutes.					
SIGNATURE: <i>x dbarrio dbarrio</i>			Date: <i>1/18/2006</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY'S MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

00000724



01132006 Chg-LLC CR2E083 (11/05)



ATTACHMENT

36600724

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

MONTRES WATCH SERVICE, LLC
2367 SW SALMON RD
PORT ST LUCIE, FL 34953 US

Subject: MONTRES WATCH SERVICE, LLC

Reference Number:

L05000101988

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** 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.

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.

/JE

ANNUAL REPORTS SECTION