## **2008 LIMITED LIABILITY COMPANY**

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Jan 31, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L05000106043** 01-31-2008 90065 007 \*\*\*138.75 1. Entity Name MONTE & CO, LLC Principal Place of Business Mailing Address Phhhonan 3520 VESTAVIA WAY 3520 VESTAVIA WAY LONGWOOD, FL 32779 LONGWOOD, FL 32779 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3729054 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTE, ANTHONY J III DO NOT WRITE 3520 VESTAVIA WAY LONGWOOD, FL 32779 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regist FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME MONTE, ANTHONY J III STREET ADDRESS 3520 VESTAVIA WAY CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

ER, OR AUTHORIZED REPRESENTATIVE

FILED