
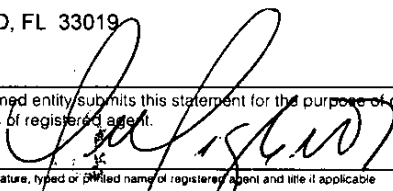
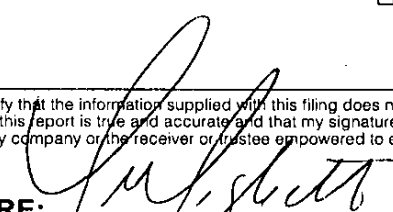


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90155 045 ***138.75

DOCUMENT # L06000001739 1. Entity Name MONUMENTAL RACING, LLC			
Principal Place of Business 2600 ISLAND BLVD 903 AVENTURA, FL 33160		Mailing Address 2600 ISLAND BLVD 903 AVENTURA, FL 33160	
2. Principal Place of Business - No P.O. Box # 3001 NE 185th Street Suite, Apt. #, etc. Alaqua # 114 City & State Aventura, FL Zip 33180 Country USA		3. Mailing Address 3001 NE 185th Street Suite, Apt. #, etc. Alaqua # 114 City & State Aventura, FL Zip 33180 Country USA	
4. FEI Number 20-4048834		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03312008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HOWARD, MITCHELL J 3800 S. OCEAN DRIVE SUITE 228 HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  LUIGI MIGLIETTI APR 07 2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGLIETTI, LUIGI 2600 ISLAND BLVD, UNIT 903 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 NE 185th Street Alaqua # 114 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIGLIETTI, MARIA 2600 ISLAND BLVD UNIT 903 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 NE 185th Street Alaqua # 114 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.			
SIGNATURE:  LUIGI MIGLIETTI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		APR 07 2008 305 6089611 <small>Date Daytime Phone #</small>	

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