

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033702

**FILED**  
**May 07, 2008**  
**Secretary of State**

**Entity Name:** THE MONOGRAM ROOM, LLC

**Current Principal Place of Business:**

14635 DUPREE ROAD  
WIMAUMA, FL 33598 US

**New Principal Place of Business:**

**Current Mailing Address:**

14635 DUPREE ROAD  
WIMAUMA, FL 33598 US

**New Mailing Address:**

11810 CLASSIC LAKE WAY  
TAMPA, FL 33635

**FEI Number:** 20-4620927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CHAFENS, CHRISTINA L  
14635 DUPREE ROAD  
WIMAUMA, FL 33598 US

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

REDD, CHRISTINA L  
11810 CLASSIC LAKE WAY  
TAMPA, FL 33635 US

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: CHRISTINA L REDD

05/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAFENS, CHRISTINA L  
Address: 14635 DUPREE ROAD  
City-St-Zip: WIMAUMA, FL 33598 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REDD, CHRISTINA L  
Address: 11810 CLASSIC LAKE WAY  
City-St-Zip: TAMPA, FL 33635 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINA L REDD

MGRM

05/07/2008

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