


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90089 020 ***138.75

DOCUMENT # L06000061190	
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1. Entity Name
PRESTIGE COUPONS, LLC

Principal Place of Business
**1 OCEAN AVENUE
OCEAN RIDGE, FL 33435**

Mailing Address
**1 OCEAN AVENUE
OCEAN RIDGE, FL 33435**

50007252



2. Principal Place of Business (No P.O. Box #) 36 MEADOWS PARK LANE	3. Mailing Address 36 MEADOWS PARK LN.
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06022008 Chg-LLC CR2E083 (12/06)

City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL.
Zip 33436	Zip 33436
Country USA	Country USA

4. FEI Number 51-0609938	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent MONROE, STEVEN D 1 OCEAN AVENUE OCEAN RIDGE, FL 33435	7. Name and Address of New Registered Agent Name STEVEN MONROE Street Address (P.O. Box Number is Not Acceptable) 36 MEADOWS PARK LANE City BOYNTON BEACH FL FL Zip Code 33436
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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 **STEVEN MONROE MGR. Steven Monroe** 6/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONROE, STEVEN D 27 OAK KNOLL ROAD GLEN ROCK, NJ 07452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONROE, STEVEN D. 36 MEADOWS PARK LANE BOYNTON BEACH, FL 33436 <input checked="" 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
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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.

Steven Monroe