

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-15-2008 90052 035 ***138.75

DOCUMENT # L07000044774

1. Entity Name
MONA INVESTMENTS LLC



Principal Place of Business
**9233 SW 8TH STREET
321
BOCA RATON FL 33428**

Mailing Address
**9233 SW 8TH STREET
321
BOCA RATON FL 33428**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
Zip Country

4. FEI Number
01-0896890

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**BENAVIDES, OSCAR
9233 SW 8TH STREET
321
BOCA RATON FL 33331**

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 or printed name of registered agent or authorized representative (NOTE: Registered agent signature required when changing agent)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVIDES, OSCAR 9233 SW 8TH STREET #321 BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVIDES, MATILDE 9233 SW 8TH STREET #321 BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

MARCH 10, 2008.
ENCLOSED PLEASE
FIND THE ANNUAL REP.
FORM, CORRECTION -
FEI No.
01-0896890
THANK YOU.
Omar's M.

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Omar's M. 02/08/08 (561) 750-7542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE