

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000107748

1. Entity Name
MONROE PROPERTIES OF TALLAHASSEE, LLC



Principal Place of Business
18085 MONROE STREET
TALLAHASSEE, FL 32304 US

Mailing Address
1471 ARBITUS CIRCLE
OVIEDO, FL 32765 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6606 MAN O WAR TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee

Zip

Country

Zip

32309

Country

U.S.

6. Name and Address of Current Registered Agent

KAISANI, PERVEZ
1471 ARBITUS CIRCLE
OVIEDO, FL 32765

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 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

TITLE MGRM
NAME KAISANI, PERVEZ
STREET ADDRESS 1471 ARBITUS CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE MGRM
NAME KAISANI, WAZIR
STREET ADDRESS 1471 ARBITUS CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE MGRM
NAME KAISANI, IQBAL
STREET ADDRESS 670 CLEMSON LANE
CITY-ST-ZIP LAWRENCEVILLE, GA 30044 ☐ Delete

TITLE MGRM
NAME GUTIEREZ, ANDREW CHARLES
STREET ADDRESS 3022 SUMMER HOUSE DRIVE
CITY-ST-ZIP VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700133216447

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
07/21/08--01023--006 **620.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

FILED

08 JUL 21 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required