

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001344 AF

DOCUMENT # L99000007211

1. Entity Name  
S. ALLEN MONELLO, LLC

FILED

00 MAR 27 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2100 N. ATLANTIC AVENUE #606  
COCOA BEACH FL 32931

Mailing Address  
2100 N. ATLANTIC AVENUE #606  
COCOA BEACH FL 32931-5024

2. Principal Place of Business  
1767 HERMITAGE BLVD

3. Mailing Address  
1767 HERMITAGE BLVD

Suite, Apt. #, etc.  
11106  
City & State  
TALLAHASSEE FL

Suite, Apt. #, etc.  
11106  
City & State  
TALLAHASSEE FL

Zip  
32308  
Country  
USA

Zip  
32308  
Country  
USA

4. FEI Number  
Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONELLO, S. ALLEN  
2100 N. ATLANTIC AVENUE #606  
COCOA BEACH FL 32931

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1767 HERMITAGE BLVD  
#11106  
City  
TALLAHASSEE FL Zip Code  
32308

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.

SIGNATURE  
S. ALLEN MONELLO  
S. Allen Monello

3/1/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MANAGING MEMBER  
S. ALLEN MONELLO  
1767 HERMITAGE BLVD #11106  
TALLAHASSEE FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition  
7000003205067--9  
-04/12/00--01009--013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

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 exemption stated in Section 119.07(3)(i), 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: S. Allen Monello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/1/2000

Date

(850)383-0622

Daytime Phone #

CR2E083 (9/99)