

2001 UNIFORM BUSINESS REPORT (UBR)

0003477 AF

DOCUMENT # L99000007211

1. Entity Name

S. ALLEN MONELLO, LLC

FILED

01 APR 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3626 GETTYSBURG COURT
TALLAHASSEE FL 32308

3626 GETTYSBURG COURT
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

1767 HERMITAGE BLVD. #1106

TALLAHASSEE FL 32308

Name

MONELLO, S. ALLEN

Street Address (P.O. Box Number is Not Acceptable)

3626 GETTYSBURG COURT

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004078975--7

-04/25/01--01124--019

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MONELLO, S. ALLEN
1767 HERMITAGE BLVD. #1106
TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MONELLO, S. ALLEN
3626 GETTYSBURG COURT
TALLAHASSEE FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

MANAGING MEMBER

S. ALLEN MONELLO

Date

4/13/01

Daytime Phone #

(850) 383-0622

CR2E083 (11/00)