

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90022 028 \*\*\*\*50.00

**DOCUMENT # M01000000807**

1. Entity Name  
**MONKTON MANOR LLC**



Principal Place of Business

~~C/O MENDOZA AND GALLAS~~  
~~251 ROYAL PALM WAY, STE 002~~  
~~DALE BEACH FL 33414~~

Mailing Address

12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414

2. Principal Place of Business

12765 Forest Hill Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1302

City & State

Wellington, Florida

City & State

4. FEI Number **52-2301486**

Applied For

Not Applicable

Zip  
33414

Country  
US

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

~~MENDOZA, MARIO G~~  
~~251 ROYAL PALM WAY, STE 002~~  
~~DALE BEACH FL 33414~~

Name **Mario G. de Mendoza, III, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Blvd.**

Suite 1302

City **Wellington**

**FL**

Zip Code  
**33414**

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

**Mario G. de Mendoza, III, President**

**1/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **ANDRISANI, LINDA J**  
STREET ADDRESS **3706 JARRETTSVILLE PIKE**  
CITY-ST-ZIP **JARRETTSVILLE MD**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

**SIGNATURE REQUIRED**  
**Linda J. Andrisani**

**Linda J. Andrisani, Manager 2/11/03-(410) 557-6948**

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

Date

Daytime Phone #

CR2E083 (10/02)