

2000 UNIFORM BUSINESS REPORT (UBR)

0016473 AB

DOCUMENT # M95000000235

1. Entity Name
THE MONITORING COMPANY LLC, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:49

Principal Place of Business
1158 FRONTERA DRIVE
LARAMIE WY 82070

Mailing Address
P.O. BOX 907
LARAMIE WY 82073-0907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1312 Garfield
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Laramie WY

Zip

Country

Zip

Country

82070 Albany

4. FEI Number 83-0310693

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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.

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 \$50.00
Make Check Payable to Department of State

1/31/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM MCKEE, CHESTER R
STREET ADDRESS 1158 FRONTERA DRIVE
CITY-ST-ZIP LARAMIE WY 82070 ☒ Delete

TITLE NAME
STREET ADDRESS 1312 Garfield
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
MGRM THE ROSE TRUST
STREET ADDRESS 1158 FRONTERA DRIVE
CITY-ST-ZIP LARAMIE WY 82070 ☐ Delete

TITLE NAME
STREET ADDRESS 1312 Garfield
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
MGR Christopher McKee
STREET ADDRESS 517 S 13th Street
CITY-ST-ZIP Laramie, WY 82070 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS 100003156181--3
CITY-ST-ZIP -03/03/00--01047--005

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 ☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/28/00

CR2E083 (9/99)