

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000235

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

Principal Place of Business  
1312 GARFIELLO  
LARAMIE WY 82070

Mailing Address  
P.O. BOX 907  
LARAMIE WY 82070

FILED

01 MAY 22 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1312 Garfield

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Laramie

City & State

Zip

WY

Country

82070

Zip

Country

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

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

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.

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME MCKEE, CHRISTOPHER  
STREET ADDRESS 517 S. 13TH STREET  
CITY-ST-ZIP LARAMIE WY 82070 ☐ Delete

TITLE MGRM  
NAME THE ROSE TRUST  
STREET ADDRESS 1312 GARFIELLO  
CITY-ST-ZIP LARAMIE WY 82070 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE Mgr  
NAME The Rose Trust  
STREET ADDRESS 1312 Garfield  
CITY-ST-ZIP Laramie WY 82070 ☒ 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

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

5/17/01

(307)742-8213

Date

Daytime Phone #

CR2E083 (11/00)

0031226 AB