

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90003 019 *****50.00

DOCUMENT # M97000000212

1. Entity Name

PHILIP R. MONROE AND KAREN F. MONROE, L.L.C.



Principal Place of Business

**256 N. SUMMIT STREET
FAIRHOPE AL 36532**

Mailing Address

**256 N. SUMMIT STREET
FAIRHOPE AL 36532**

**PO Box 449
36533**

2. Principal Place of Business

3. Mailing Address

PO Box 449

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fairhope AL

Zip

Country

Zip

Country

36533

Baldwin

4. FEI Number

72-1355153

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

**MONROE, KAREN F
11531 ANDY ROSSE LANE
CAPTIVA FL 33924**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen F. Monroe

2/10/03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **MONROE, PHILIP R**
STREET ADDRESS **256 N. SUMMIT STREET**
CITY-ST-ZIP **FAIRHOPE AL 36532**

TITLE ☒ Change ☐ Addition
NAME **PO Box 449**
STREET ADDRESS **FAIRHOPE AL 36533**
CITY-ST-ZIP **FAIRHOPE AL 36533**

TITLE **MGRM** ☐ Delete
NAME **MONROE, KAREN F**
STREET ADDRESS **256 N. SUMMIT STREET**
CITY-ST-ZIP **FAIRHOPE AL 36532**

TITLE ☒ Change ☐ Addition
NAME **PO Box 449**
STREET ADDRESS **FAIRHOPE AL 36533**
CITY-ST-ZIP **FAIRHOPE AL 36533**

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Karen F. Monroe

2/10/03

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

Date

Daytime Phone #

CR2E083 (10/02)