## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000221697

Entity Name: TRACY MONIQUE LLC

**Current Principal Place of Business:** 

Current Principal Place of Bu

3309 LISA LANE APT 5

NAPLES, FL 34109

**Current Mailing Address:** 

3309 LISA LANE APT 5

NAPLES, FL 34109

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUHANEY, TRACY ANN M 3309 LISA LANE APT 5 NAPLES, FL 34109 US

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:

Electronic Signature of Registered Agent

Date

FILED Mar 03, 2018

**Secretary of State** 

CC9406565524

Authorized Person(s) Detail:

Title AUTHORIZED REPRESENTATIVE
Name DUHANEY, TRACY ANN MONIQUE

Address 3309 LISA LANE

APT 5

City-State-Zip: NAPLES FL 34109

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY ANN MONIQUE DUHANEY

**AUTHORIZED AGENT** 

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date