

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073002

FILED
Mar 13, 2020
Secretary of State
2691456903CC

Entity Name: MONTE SANTANGELO, LLC

Current Principal Place of Business:

2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
CORAL GABLES, FL 33134

Current Mailing Address:

2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
CORAL GABLES, FL 33134 US

FEI Number: 81-0656544

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POZO, ZAEDY ESQ.
2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
CORAL GABLES, FL 33134 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: ZAEDY POZO

03/13/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: MORENO DE RIVEROS, MARIA DE FATIMA
Address: 2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: RIVEROS, ALCIDES ALBERTO SR.
Address: 2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: RIVEROS, APOLONIO ALCIDES SR.
Address: 2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
City-State-Zip: CORAL GABLES FL 33134

Title: MANAGER
Name: GRILLON, CESAR ESTEBAN SR.
Address: 2655 S. LE JEUNE ROAD
LAW OFFICE OF ZAEDY R. POZO SUITE 804
City-State-Zip: CORAL GABLES FL 33134

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: APOLONIO ALCIDES RIVEROS

MANAGER

03/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date