

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081024

**Entity Name:** MONARCH WEST, LLC

**Current Principal Place of Business:**

1789 FOUR WHEEL DRIVE  
WHITEFISH, MT 59937

**Current Mailing Address:**

177 PORTOFINO DR  
SUITE B  
NORTH VENICE, FL 34275

**FEI Number:** 26-3238854

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TREADWAY, SHANNON  
1111 AVENIDA DEL CIRCO  
SUITE B  
VENICE, FL 34285 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

**Authorized Person(s) Detail :**

Title MGRM  
Name TREADWAY, ALYSON  
Address 177 PORTOFINO DR  
City-State-Zip: NORTH VENICE FL 34275

Title MGRM  
Name NISBERG, MEGAN  
Address 206 PORTOFINO DR  
City-State-Zip: NORTH VENICE FL 34275

Title MGRM  
Name WASSERMAN, GABRIEL  
Address 6681 COOPERS HAWK CT  
City-State-Zip: BRADENTON FL 34202

Title MGRM  
Name WASSERMAN, JUSTIN  
Address 605 CORNWELL ON THE GULF  
City-State-Zip: VENICE FL 34285

Title MGRM  
Name WASSERMAN, HANNAH  
Address 900 SUNSET DR  
City-State-Zip: VENICE FL 34285

*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:** ALYSON TREADWAY

**MANAGER**

**01/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date