

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022671

**Entity Name:** QUINN-MONTI ONE, L.L.C.

**Current Principal Place of Business:**

10100 WEST SAMPLE ROAD, #401  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

PO BOX 934875  
MARGATE, FL 33093 US

**FEI Number:** 27-2065412

**Certificate of Status Desired:** No

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

NOFIL, JOSEPH KP.A.  
8217 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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 MGR  
Name THE REBECCA QUINONES  
REVOCABLE LIVING TRUS  
Address 10100 WEST SAMPLE ROAD, #401  
City-State-Zip: CORAL SPRINGS FL 33065

Title MBR  
Name CMNQ REVOCABLE TRUST  
Address 10100 WEST SAMPLE ROAD, #401  
City-State-Zip: CORAL SPRINGS FL 33065

Title MBR  
Name QUINN-MONTI TWO, L.L.C.  
Address PO BOX 934875  
City-State-Zip: MARGATE FL 33093

*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:** REBECCA. QUINONES

04/13/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date