

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000092412

Entity Name: MONUMENT REAL ESTATE SERVICES, LLC**Current Principal Place of Business:**255 GIRALDA AVENUE
5TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**255 GIRALDA AVENUE
5TH FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 46-3099709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZOOK, STUART S
255 GIRALDA AVENUE
5TH FLOOR
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:** STUART ZOOK

01/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | ZOOK, STUART |
| Address | 255 GIRALDA AVENUE 5TH FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | FERNANDEZ, JOHN P |
| Address | 255 GIRALDA AVENUE 5TH FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|---------------------------------|
| Title | CFO |
| Name | GATO, GERARDO |
| Address | 255 GIRALDA AVENUE 5TH FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|---------------------------------|
| Title | PRESIDENT |
| Name | KNIGHT, ERIN |
| Address | 255 GIRALDA AVENUE 5TH FLOOR |
| 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: STUART ZOOK**MANAGER**

01/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date