SIGNATURE: STUART ZOOK Electronic Signature of Registered Agent Authorized Person(s) Detail ·

| Authorized Person(s) Detail : |   |                 |   |
|-------------------------------|---|-----------------|---|
| Title                         | MGR                                     | Title           | MGR                                     |
| Name                          | ZOOK, STUART                            | Name            | REESE, JAMES                            |
| Address                       | 2675 SOUTH BAYSHORE DRIVE<br>UNIT 300-S | Address         | 2675 SOUTH BAYSHORE DRIVE<br>UNIT 300-S |
| City-State-Zip:               | COCONUT GROVE FL 33133                  | City-State-Zip: | COCONUT GROVE FL 33133                  |
| Title                         | PRESIDENT                               | Title           | MGR                                     |
| Name                          | KNIGHT, ERIN                            | Name            | DOUTHIT, LEAH                           |
| Address                       | 2675 SOUTH BAYSHORE DRIVE<br>UNIT 300-S | Address         | 2675 SOUTH BAYSHORE DRIVE<br>UNIT 300-S |

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.

City-State-Zip: COCONUT GROVE FL 33133

that my name appears above, or on an attachment with all other like empowered.

## Name and Address of Current Registered Agent:

ZOOK, STUART S

2675 SOUTH BAYSHORE DRIVE

COCONUT GROVE, FL 33133 US

UNIT 300-S

**Current Mailing Address:** 

# 2675 SOUTH BAYSHORE DRIVE

DOCUMENT# L13000092412

Entity Name: MONUMENT REAL ESTATE SERVICES, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

UNIT 300-S COCONUT GROVE, FL 33133

2675 SOUTH BAYSHORE DRIVE **UNIT 300-S** COCONUT GROVE, FL 33133 US

## FEI Number: 46-3099709

SIGNATURE: STUART ZOOK MANAGER

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

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

### FILED Mar 13, 2024 Secretary of State 3131802713CC

03/13/2024 Date

Certificate of Status Desired: No

City-State-Zip: COCONUT GROVE FL 33133

Date