

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000090961

**Entity Name:** MONA BURKE LLC

**Current Principal Place of Business:**

12519 FAIRMONT DR  
FORT MYERS, FL 33913

**Current Mailing Address:**

12519 FAIRMONT DR  
FORT MYERS, FL 33913

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MONA, BURKE F.  
12519 FAIRMONT DR  
FORT MYERS, FL 33913 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:** MONA F. BURKE

02/07/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MGM  
Name           BURKE, MONA  
Address        125819 FAIRMONT DR  
City-State-Zip: FORT MYERS FL 33913

*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:** MONA F BURKE

MANAGER

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date