**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 08, 2019**
**Secretary of State**
**6680476304CC**

DOCUMENT# L16000126529

**Entity Name:** MONTIEL LLC

**Current Principal Place of Business:**

4611 S UNIVERSITY DR
219
DAVIE, FL 33328

**Current Mailing Address:**

4611 S UNIVERSITY DR
219
DAVIE, FL 33328

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

ZAMBRA, LETICIA
4611 S UNIVERSITY DR
219
DAVIE, FL 33328 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 | Title | MGR |
| Name | MASSACCESI, ARIEL F | Name | MEDINA, LUIS P |
| Address | 4611 S UNIVERSITY DR SUITE 219 | Address | 4611 S UNIVERSITY DR SUITE 219 |
| City-State-Zip: | DAVIE FL 33328 | City-State-Zip: | DAVIE FL 33328 |
| Title | MGR | Title | MGR |
| Name | FERRARA, DAMIAN | Name | RESNIK, ALAN S |
| Address | 4611 S UNIVERSITY DR SUITE 219 | Address | 4611 S UNIVERSITY DR SUITE 219 |
| City-State-Zip: | DAVIE FL 33328 | City-State-Zip: | DAVIE FL 33328 |
| Title | MGR | | |
| Name | ZAMBRA, LETICIA | | |
| Address | 4611 S UNIVERSITY DR SUITE 219 | | |
| City-State-Zip: | DAVIE FL 33328 | | |

*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: ARIEL F MASSACCESI MGR 02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date