

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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  
Name MASSACCESI, ARIEL F  
Address 4611 S UNIVERSITY DR SUITE 219  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name MEDINA, LUIS P  
Address 4611 S UNIVERSITY DR SUITE 219  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name FERRARA, DAMIAN  
Address 4611 S UNIVERSITY DR SUITE 219  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name RESNIK, ALAN S  
Address 4611 S UNIVERSITY DR SUITE 219  
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:** MASSACCESI , ARIEL F

**MANAGER**

**02/07/2017**

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

\_\_\_\_\_  
Date