

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000116208

**Entity Name:** MONSTER FLIPS LLC

**Current Principal Place of Business:**

725 SW 16TH AVE  
SUITE 3  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

725 SW 16TH AVE  
SUITE 3  
DELRAY BEACH, FL 33444

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CAVA, MATTHEW  
725 SW 16TH AVE  
SUITE 3  
DELRAY BEACH, FL 33445 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 CAVA, MATTHEW  
Address 725 SW 16TH AVE  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR  
Name BUCZEK, ROGER  
Address 725 SW 16TH AVE  
City-State-Zip: DELRAY BEACH FL 33444

*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:** MATTHEW CAVA

MGR

04/30/2021

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

\_\_\_\_\_  
Date