

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000175033

**Entity Name:** MONTHLY MASK LLC

**Current Principal Place of Business:**

6722 CANARY PALM CIRCLE  
BOCA RATON, FL 33433

**Current Mailing Address:**

221 SW 12TH ST  
BOCA RATON, FL 33432 US

**FEI Number:** 85-1709100

**Certificate of Status Desired:** No

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

BRYAN-HOERCHER, ANGELINE D  
6722 CANARY PALM CIRCLE  
BOCA RATON, FL 33433 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	AMBR	Title	AP
Name	BRYAN-HOERCHER, ANGELINE D	Name	HOERCHER, ELKE A
Address	6722 CANARY PALM CIRCLE	Address	221 SW 12TH ST
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33432

*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:** ANGELINE BRYAN-HOERCHER

**OWNER**

**04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date