

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000326868

**Entity Name:** VILLA MONTI LLC

**Current Principal Place of Business:**

32 MOUNTAIN TOP DUNE DRIVE  
SANTA ROSA BEACH, 32459

**Current Mailing Address:**

139 RHODES COVE  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MONTI, AMANDA  
139 RHODES COVE  
SANTA ROSA BEACH, FL 32459 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	CHERN, RICHARD	Name	MONTI, AMANDA
Address	139 RHODES COVE	Address	139 RHODES COVE
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	SANTA ROSA BEACH FL 32459

*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:** CHERN, RICHARD

**MANAGER**

**03/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date