

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004578

1. Entity Name
DONALD R. MONTES LLC



Principal Place of Business
507 TALFLO STREET
TALLAHASSEE, FL 32308

Mailing Address
507 TALFLO STREET
TALLAHASSEE, FL 32308

FILED
08 APR 28 AM 8: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

11-3711079

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTES, DONALD R MGR
1127 MARION AVE.
TALLAHASSEE, FL 32303

Name Donald R. Montes

Street Address (P.O. Box Number is Not Acceptable)

507 Talaflo St.

City Tall.

FL

Zip Code

32308

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MONTES, DONALD R
STREET ADDRESS 1127 MARION AVE.
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE MGR ☒ Change ☐ Addition
NAME Montes, Donald R
STREET ADDRESS 507 Talaflo St.
CITY - ST - ZIP Tall. Fl. 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME 000126242350
STREET ADDRESS 0428/08--01015--025
CITY - ST - ZIP ***138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-08 850-510-525)

Date

Daytime Phone #