

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000076515

1. Entity Name
MONT-LEST, LLC



FILED
Feb 15, 2007 08:00 AM
Secretary of State

Principal Place of Business
C/O GREENTREE GARDENS
4113 HENDERSON BLVD.
TAMPA, FL 33629

Mailing Address
C/O GREENTREE GARDENS
4113 HENDERSON BLVD.
TAMPA, FL 33629



01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3822667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
4221 W. BOY SCOUT BOULEVARD, SUITE 1000
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000637147
02/26/07-80049-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONTANARO, ANGELO C
STREET ADDRESS	4113 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	LESTINI, JOHN R
STREET ADDRESS	3900 14TH ST NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Angelo C. Montanaro

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

Date

Daytime Phone #

ANGELO C. MONTANARO 2/13/07 (813) 289-1634