

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED  
Jun 02, 2008 8:00 am  
Secretary of State

04-15-2008 90109 030 \*\*\*138.75

DOCUMENT # L07000070876

1. Entity Name  
J. MONTANER CONSULTANT, LLC



Principal Place of Business  
1680 SW 18 ST  
MIAMI, FL 33145

Mailing Address  
1680 SW 18 ST  
MIAMI, FL 33145

30008427



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-0502428

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

MONTANER, JULIO C  
1680 SW 18 ST  
MIAMI, FL 33145

Name

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

City

FL

Zip Code

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

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  
NAME MONTANER, JULIO C  
STREET ADDRESS 1680 SW 18 ST  
CITY- ST- ZIP MIAMI, FL 33145 ☐ Delete

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

TITLE MGR  
NAME CORDERO, MARIA L  
STREET ADDRESS 1680 SW 18 ST  
CITY- ST- ZIP MIAMI, FL 33145 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

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

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

Date

Daytime Phone #

ATTACHMENT

30008477-  
#C 07000070810

Schedule C (Form 1040) 2007 JORGE DESIANO

226-53-7433

Page 2

**Part III Cost of Goods Sold** (see instructions)33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation.....☐ Yes ☐ No35 Inventory at beginning of year. If different from last year's closing inventory,  
attach explanation.....

35

36 Purchases less cost of items withdrawn for personal use.....

36

37 Cost of labor. Do not include any amounts paid to yourself.....

37

38 Materials and supplies.....

38

39 Other costs.....

39

40 Add lines 35 through 39.....

40

41 Inventory at end of year.....

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.....

42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.43 When did you place your vehicle in service for business purposes? (month, day, year) 05/02/2006

44 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:

a Business 23,200 b Commuting (see instructions) 300 c Other 7,90045 Do you (or your spouse) have another vehicle available for personal use?..... ☐ Yes ☒ No46 Was your vehicle available for personal use during off-duty hours?..... ☐ Yes ☒ No47 a Do you have evidence to support your deduction?..... ☒ Yes ☐ Nob If "Yes," is the evidence written?..... ☒ Yes ☐ No**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

CELLULAR PHONE..... 960.

UNIFORMS &amp; LAUNDRY..... 2,153.

48 Total other expenses. Enter here and on page 1, line 27..... 48 3,113.

Schedule C (Form 1040) 2007