

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

02-28-2008 90106 006 ***138.75

DOCUMENT # L07000093557					
1. Entity Name MONTUNE, LLC					
Principal Place of Business 10251 SW 72 STREET A-101 MIAMI, FL 33173 US			Mailing Address 10251 SW 72 STREET A-101 MIAMI, FL 33173 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEE Number 26-0897888	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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		
COSTARANGOS, CONSTANTINO 10251 SW 72 STREET A-101 MIAMI, FL 33173			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 _____ (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	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KOSVIC FLP		NAME		
STREET ADDRESS	10251 SW 72 STREET, A-101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HAYDEN, VICTORIA		NAME		
STREET ADDRESS	10251 SW 72 STREET, A-101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	COSTARANGOS, CONSTANTINO		NAME		
STREET ADDRESS	10251 SW 72 STREET, A-101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: April 19, 2008 Daytime Phone: 305 479 6747		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					