

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081024

Entity Name: MONARCH WEST, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1789 FOUR WHEEL DRIVE
WHITEFISH, MT 59937

New Principal Place of Business:

Current Mailing Address:

177 PORTOFINO DR
NORTH VENICE, FL 34275

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TREADWAY, ALYSON
177 PORTOFINO DR
NORTH VENICE, FL 34275 US

Name and Address of New Registered Agent:

TREADWAY, SHANNON
1111 AVENIDA DEL CIRCO
VENICE, FL 34285 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: SHANNON TREADWAY

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TREADWAY, ALYSON
Address: 177 PORTOFINO DR
City-St-Zip: NORTH VENICE, FL 34275

Title: MGRM () Delete
Name: NISBERG, MEGAN
Address: 206 PORTOFINO DR
City-St-Zip: NORTH VENICE, FL 34275

Title: MGRM () Delete
Name: WASSERMAN, GABRIEL
Address: 6681 COOPERS HAWK CT
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: WASSERMAN, JUSTIN
Address: 605 CORNWELL ON THE GULF
City-St-Zip: VENICE, FL 34285

Title: MGRM () Delete
Name: WASSERMAN, HANNAH
Address: 900 SUNSET DR
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALYSON TREADWAY

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date