

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086015

Entity Name: FERNANDO MONES, LLC

FILED  
Apr 20, 2011  
Secretary of State

## Current Principal Place of Business:

15121 WOODRIDGE BEND CT  
#449  
FT MYERS, FL 33908

## New Principal Place of Business:

15121 WOODRIDGE BEND CT  
#449  
FT MYERS, FL 33908 US

## Current Mailing Address:

15121 WOODRIDGE BEND CT  
#449  
FT MYERS, FL 33908

## New Mailing Address:

15121 WOODRIDGE BEND CT  
#449  
FT MYERS, FL 33908 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONES, FERNANDO  
15121 WOODRIDGE BEND CT  
#449  
FT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: MONES, FERNANDO  
Address: 15121 WOODRIDGE BEND CT  
City-St-Zip: FT MYERS, FL 33908 US

Title: MGRM  
Name: TAYLOR, LEROY  
Address: 15121 WOODRIDGE BEND CT  
City-St-Zip: FT MYERS, L 33908 US

Title: MGRM  
Name: MONES, FERNANDO  
Address: 15121 WOODRIDGE BEND CT  
City-St-Zip: FT MYERS, L 33908 US

Title: MGRM  
Name: MONES, FERNANDO  
Address: 15121 WOODRIDGE BEND CT  
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Address: 15121 WOODRIDGE BEND CT  
City-St-Zip: FT MYERS, L 33908 US

Title: MGRM  
Name: MONES, FERNANDO  
Address: 15121 WOODRIDGE BEND CT  
City-St-Zip: FT MYERS, L 33908 US

I hereby 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: FERNANDO MONES

MGRM

04/20/2011

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