

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056217

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** MONSALVE & ASSOCIATES PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

904 W WATERS AVE STE D  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 360314  
TAMPA, FL 33673

**New Mailing Address:**

**FEI Number:** 61-1599149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONSALVE, JUAN C  
904 W WATERS AVE STE D  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

MONSALVE, JUAN CARLOS  
904 W WATERS AVE STE D  
TAMPA, FL 33604 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: JUAN CARLOS MONSALVE

04/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MONSALVE, JUAN CARLOS  
Address: 904 W WATERS AVE STE D  
City-St-Zip: TAMPA, FL 33604

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: JUAN CARLOS MONSALVE

MGRM

04/04/2011

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