

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002716

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MONSTER TECHNOLOGIES LTD. LIABILITY CO.

**Current Principal Place of Business:**

112 LAKE PINE CIR.  
C-2  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

112 LAKE PINE CIR.  
C-2  
GREENACRES, FL 33463

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

OLAVARRIA, JACOB  
7101 PINE BLUFF DR.  
LAKE WORTH, FL 33415      US

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

OLAVARRIA, JACOB  
112 LAKE PINE CIR.  
LAKE WORTH, FL 33463      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLAVARRIA, JUAN  
Address: 112 LAKE PINE CIR. C-2  
City-St-Zip: GREENACRES, FL 33463

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 OLAVARRIA

MGRM

04/30/2012

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