

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000133678

1. Entity Name  
MONROE WEST LLC



16 OCT -4 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1212 N MONROE ST  
TALLAHASSEE, FL 32303

Mailing Address  
PO BOX 818  
TALLAHASSEE, FL 32302

*[Handwritten Signature]*



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

10042016 REIN-LLC CR2E101 (12/11)

4. FEI Number

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

R. VINCENT RUSSO PA  
728 E 6TH AVE  
TALLAHASSEE, FL 32303

Name *John C. Kenny*  
Street Address (P.O. Box Number is Not Acceptable)  
*1212 N. Monroe St.*

City *Tallahassee* FL Zip Code *32303*

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 *[Handwritten Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*10/4/2016*  
DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2017, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME RUSSO, ROBERT  
STREET ADDRESS 728 E 6TH AVE  
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE MGR ☒ Change ☒ Addition  
NAME John C. Kenny  
STREET ADDRESS 1212 N. Monroe Street  
CITY - ST - ZIP Tallahassee, FL 32303

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

600290931706  
10/04/16--01009--012 \*\*238.75

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

*10/4/2016* *John C. Kenny*

E-MAIL ADDRESS