CR2E083 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # L9900007933 **Secretary of State** 01-31-2002 90030 035 ****50 00 MONUMENT FINANCIAL SERVICES, LLC Principal Place of Business Mailing Address 13260SW 105TH STREET 13260SW 105TH STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0969018 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINDHORST, KENT A Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8TH STREET, SUITE 2120 **MIAMI FL 33130** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change | Addition WINDHORST, KENT A NAME NAME STREET ADDRESS 13260 SW 105TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

wered to execute this report as required by Chapter 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

//14/02 305-387-0664 Date Dayline Phone #

limited liability company or the reg

SIGNATURE