

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 003 ****50.00

DOCUMENT # L99000007933

1. Entity Name
MONUMENT FINANCIAL SERVICES, LLC



Principal Place of Business
**1450 MAARUGA AVENUE
SUITE 400
MIAMI, FL 33146**

Mailing Address
**1450 MAARUGA AVENUE
SUITE 400
MIAMI, FL 33146**

20060698



2. Principal Place of Business

806 DOUGLAS ROAD

3. Mailing Address

806 DOUGLAS ROAD

Suite, Apt. #, etc.

SUITE 570

Suite, Apt. #, etc.

SUITE 570

06092005

Chg-LLC

CR2E083 (10/03)

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0969018

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINDHORST, KENT A
13260 SW 105TH STREET
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WINDHORST, KENT A
13260 SW 105TH STREET
MIAMI, FL 33186**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

6/9/05 305-666-3319

Date

Daytime Phone #