

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90251 044 ****50.00

DOCUMENT # L99000007933

1. Entity Name

MONUMENT FINANCIAL SERVICES, LLC



Principal Place of Business

13260SW 105TH STREET
MIAMI FL 33186

Mailing Address

13260SW 105TH STREET
MIAMI FL 33186

2. Principal Place of Business

1450 MARRUGA AVENUE

Suite, Apt. #, etc.

SUITE 400

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. Mailing Address

1450 MARRUGA AVENUE

Suite, Apt. #, etc.

SUITE 400

City & State

CORAL GABLES, FL

Zip

33146

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0969018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINDHORST, KENT A
80 S.W. 8TH STREET, SUITE 2120
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

KENT A. WINDHORST

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

13260 SW 105TH STREET, #200

City

MIAMI

FL

Zip Code

33186

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

4/13/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WINDHORST, KENT A**
STREET ADDRESS **13260 SW 105TH STREET**
CITY-ST-ZIP **MIAMI FL 33186**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KENT A. WINDHORST

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

Date

4/13/03

Daytime Phone #

305-666-3319

CR2E083 (10/02)