

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000058314

**Entity Name:** JUAN MONTES SOD LLC

**Current Principal Place of Business:**

430 F RD  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 2848  
LABELLE, FL 33975

**FEI Number:** 90-0995367

**Certificate of Status Desired:** Yes

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

MONTES, JUAN  
430 F RD  
LABELLE, FL 33935 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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MONTES, JUAN  
Address 430 F RD  
City-State-Zip: LABELLE FL 33935

Title MGR  
Name MONTES, MIRTALA  
Address 430 F RD  
City-State-Zip: LABELLE FL 33935

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN MONTES

**OWNER**

**01/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date