

2016 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	Title	MGR
Name	MONTES, JUAN	Name	MONTES, MIRTALA
Address	430 F RD	Address	430 F RD
City-State-Zip:	LABELLE FL 33935	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

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date