

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000052841

Entity Name: LUIS MONTERO CABINET INST...LLC

Current Principal Place of Business:

4629 N ROME AVE
TAMPA, FL 33603

Current Mailing Address:

4629 N.ROME AVE
TAMPA, FL 33603 US

FEI Number: 46-5029690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTERO, LUIS MR
4629 N.ROME AVE.
TAMPA, FL 33603 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 MGR
Name MONTERO, LUIS MR.
Address 7514 NEEDLEPOINT PL, APT A
City-State-Zip: TAMPA FL 33617

Title AMBR
Name MONTERO, LUIS MR.
Address 4629 N.ROME AVE.
City-State-Zip: TAMPA FL 33607

Title SECR
Name MONTERO, LUIS MR.
Address 4629 N. ROME AVE.
City-State-Zip: TAMPA FL 33603

Title TREA
Name MONTERO, LUIS MR.
Address 4629 N.ROME AVE
City-State-Zip: TAMPA FL 33603

Title AP
Name MONTERO, LUIS MR.
Address 4629 N. ROME AVE
City-State-Zip: TAMPA FL 33603

Title AP
Name MONTERO, LUIS MR.
Address \$629 N.ROME AVE
City-State-Zip: TAMPA FL 33603

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: LUIS MONTERO

PRES

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date