

**2021 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 4629 N.ROME AVE  
City-State-Zip: TAMPA FL 33603

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**

**MGR**

**03/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date