

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040348

Entity Name: WEST COAST NOTARIES, LLC

Current Principal Place of Business:

1071 DONEGAN RD
STE 315
LARGO, FL 33771

Current Mailing Address:

1071 DONEGAN RD
LOT 315
LARGO, FL 33771 US

FEI Number: 84-4557202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JILL, MUNOZ M
1071 DONEGAN RD
STE 315
LARGO, FL 33771 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: JILL M MUNOZ

01/11/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name MUNOZ, JILL MARIE
Address 1071 DONEGAN RD
 LOT 315
City-State-Zip: LARGO FL 33771

Title AUTHORIZED REPRESENTATIVE
Name PERLINE, MICHELE ELIZABETH
Address 209 S. ASPEN CT
 UNIT 1
City-State-Zip: WARREN FL 44484

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: JILL MARIE MUNOZ

PRESIDENT

01/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040348

Entity Name: WEST COAST NOTARIES, LLC

Current Principal Place of Business:

4122 MADISON ST.
#452
ELFERS, FL 34680

Current Mailing Address:

4122 MADISON ST.
#452
ELFERS, FL 34680 US

FEI Number: 84-4557202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JILL, MUNOZ M
4122 MADISON ST.
#452
ELFERS, FL 34680 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 PRES
Name JILL, MUNOZ M
Address 4122 MADISON ST. #452
City-State-Zip: ELFERS FL 34680

Title MGR
Name MUNOZ, MICHAEL
Address 9802 RIVERCHASE DR.
City-State-Zip: TRINITY FL 34655

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: JILL MUNOZ

CEO

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040348

Entity Name: WEST COAST NOTARIES, LLC

Current Principal Place of Business:

4122 MADISON ST.

#452

ELFERS, FL 34680

Current Mailing Address:

4122 MADISON ST.

#452

ELFERS, FL 34680 US

FEI Number: 84-4557202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JILL, MUNOZ M

4122 MADISON ST.

#452

ELFERS, FL 34680 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 PRES

Name JILL, MUNOZ M

Address 4122 MADISON ST. #452

City-State-Zip: ELFERS FL 34680

Title MGR

Name MUNOZ, MICHAEL

Address 9802 RIVERCHASE DR.

City-State-Zip: TRINITY FL 34655

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: JILL MUNOZ

PRESIDENT

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040348

Entity Name: WEST COAST NOTARIES, LLC

Current Principal Place of Business:

4122 MADISON ST.
#452
ELFERS, FL 34680

Current Mailing Address:

4122 MADISON ST.
#452
ELFERS, FL 34680 US

FEI Number: 84-4557202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JILL, MUNOZ M
4122 MADISON ST.
#452
ELFERS, FL 34680 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 PRES
Name JILL, MUNOZ M
Address 4122 MADISON ST. #452
City-State-Zip: ELFERS FL 34680

Title MGR
Name MUNOZ, MICHAEL
Address 9802 RIVERCHASE DR.
City-State-Zip: TRINITY FL 34655

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: JILL M MUNOZ

PRESIDENT

02/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

170000040348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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A. BUTLER

JAN 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST COAST NOTARIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Marie Munoz
Name of Person
WEST COAST NOTARIES, LLC
Firm/Company
4122 MADISON ST
Address
ELFERS, FL 34680
City/State and Zip Code
info@gopronotaries.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Marie Munoz 727 710-5455
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WEST COAST NOTARIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2-3-2020 and assigned
Florida document number 120000040348.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager


AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member

Signature of a member or authorized representative of a member

Jill Marie Munoz

Typed or printed name of signee

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000040348

Entity Name: WEST COAST NOTARIES, LLC

Current Principal Place of Business:

4122 MADISON ST.
#452
ELFERS, FL 34680

Current Mailing Address:

4122 MADISON ST.
#452
ELFERS, FL 34680

FEI Number: 84-4557202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JILL, MUNOZ M
4122 MADISON ST.
#452
ELFERS, FL 34680 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 PRES
Name JILL, MUNOZ M
Address 4122 MADISON ST. #452
City-State-Zip: ELFERS FL 34680

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: JILL M MUNOZ

PRESIDENT

01/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000040348
FILED 8:00 AM
February 03, 2020
Sec. Of State
blvorisek

Article I

The name of the Limited Liability Company is:
WEST COAST NOTARIES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4122 MADISON ST.
#452
ELFERS, FL. 34680

The mailing address of the Limited Liability Company is:
4122 MADISON ST.
#452
ELFERS, FL. 34680

Article III

The name and Florida street address of the registered agent is:
MUNOZ M JILL
4122 MADISON ST.
#452
ELFERS, FL. 34680

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MUNOZ M JILL

Article IV

The name and address of person(s) authorized to manage LLC:

Title: PRES
MUNOZ M JILL
4122 MADISON ST. #452
ELFERS, FL. 34680

L20000040348
FILED 8:00 AM
February 03, 2020
Sec. Of State
blvorisek

Article V

The effective date for this Limited Liability Company shall be:

02/02/2020

Signature of member or an authorized representative

Electronic Signature: MUNOZ M JILL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.