

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000048066

**Entity Name:** MASTERS FINE ART, LLC

**Current Principal Place of Business:**

4350 OAKES RD  
515  
DAVIE, FL 33314

**Current Mailing Address:**

4350 OAKES RD  
515  
DAVIE, FL 33314

**FEI Number:** 26-0138475

**Certificate of Status Desired:** No

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

ALKELAY, LEON  
4350 OAKES RD  
515  
DAVIE, FL 33314 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:** LEON ALKELAY

03/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER MANAGER  
Name YEDID, GIL  
Address 4350 OAKES RD  
515  
City-State-Zip: DAVIE FL 33314

Title MEMBER MANAGER  
Name ALKELAY, LEON  
Address 4350 OAKES RD  
515  
City-State-Zip: DAVIE FL 33314

*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:** LEON ALELAY

MANAGER

03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date