

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065426

**Entity Name:** MASTER IRRIGATION & SERVICES, LLC

**Current Principal Place of Business:**

1091 OKEECHOBEE RD  
HIALEAH, FL 33010

**Current Mailing Address:**

1091 OKEECHOBEE RD  
HIALEAH, FL 33010 US

**FEI Number:** 27-2975029

**Certificate of Status Desired:** No

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

PIEDRA, OSCAR  
1091 OKEECHOBEE RD  
HIALEAH, FL 33010 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           | MGRM               |
| Name            | PIEDRA, OSCAR      | Name            | PIEDRA, OMAR       |
| Address         | 1091 OKEECHOBEE RD | Address         | 1091 OKEECHOBEE RD |
| City-State-Zip: | HIALEAH FL 33010   | City-State-Zip: | HIALEAH FL 33010   |

*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:** OMAR PIEDRA

MGRM

03/31/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date