

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065426

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

**Current Principal Place of Business:**

13295 NW 107TH AVE, UNIT B  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

13295 NW 107TH AVE, UNIT B  
HIALEAH GARDENS, FL 33018

**FEI Number:** 27-2975029

**Certificate of Status Desired:** No

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

PIEDRA, OSCAR  
13295 NW 107TH AVE, UNIT B  
HIALEAH GARDENS, FL 33018 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  
Name PIEDRA, OSCAR  
Address 13295 NW 107TH AVE, UNIT B  
City-State-Zip: HIALEAH GARDENS FL 33018

Title MGRM  
Name PIEDRA, OMAR  
Address 13295 NW 107TH AVE, UNIT B  
City-State-Zip: HIALEAH GARDENS FL 33018

*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

**MGR**

**04/06/2015**

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

\_\_\_\_\_  
Date