

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025846

**Entity Name:** MASTER OF ALL TIMES LLC

**Current Principal Place of Business:**

16425 COLLINS AVENUE  
APT 2614  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16425 COLLINS AVENUE  
APT 2614  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 35-2403394

**Certificate of Status Desired:** No

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

ALEMAN, OSCAR  
16425 COLLINS AVENUE  
APT 2614  
SUNNY ISLES BEACH, FL 33160 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           MANAGING MEMBER  
Name           MASTER OF MASTERS CORP.  
Address       16425 COLLINS AVENUE  
                  APT 2614  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** OSCAR ALEMAN

02/13/2014

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

\_\_\_\_\_  
Date