

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000075575

**Entity Name:** MASTER'S EQUITY GROUP LLC

**Current Principal Place of Business:**

2845 STAGE CENTER COVE  
BARTLETT, TN 38134

**Current Mailing Address:**

2845 STAGE CENTER COVE  
BARTLETT, TN 38134 US

**FEI Number:** 45-5458771

**Certificate of Status Desired:** No

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

ITNYRE, ANTHONY  
3872 SW CHICOPEE STREET  
PORT ST. LUCIE, FL 34953 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:** ANTHONY ITNYRE

07/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ITNYRE, RON JR.  
Address 480 EMMAUS ROAD  
City-State-Zip: MARYSVILLE OH 43040

Title MGRM  
Name ITNYRE, ANTHONY  
Address 3872 SW CHICOPEE STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** RON ITNYRE

MGRM

07/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date