| 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: AMI MASSEY | MGMB | 05/07/2024 |
|-----------------------|------|------------|
| | | |

Electronic Signature of Signing Authorized Person(s) Detail

5337 N SOCRUM LOOP ROAD **SUITE 449** LAKELAND, FL 33809 US

FEI Number: 46-2377265

Current Mailing Address:

Name and Address of Current Registered Agent:

BONZELLA, THERESA 4704 LUCE RD LAKELAND, FL 33813 US

Authorized Percen(c) Detail :

| Authorized Person(s) Detail . | | | | |
|-----------------------------------|-------------------|-----------------|-------------------------|--|
| Title | MGRM | Title | MGMB | |
| Name | MASSEY, AMI A | Name | BONZELLA, THERESA | |
| Address | 4704 LUCE RD | Address | 5337 N SOCRUM LOOP ROAD | |
| City-State-Zip: LAKELAND FL 33813 | LAKELAND EL 33813 | | SUITE 449 | |
| | LANELAND TE 33013 | City-State-Zip: | LAKELAND FL 33809 | |

| SIGNATURE: | |
|------------|--|
| | Electronic Signature of Registered Agent |

Current Principal Place of Business: 5127 SPANISH OAKS DR LAKELAND, FL 33805

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000042982

Entity Name: MASTERMIND ASSOCIATION MANAGEMENT, LLC

Secretary of State 4780471157CC

Certificate of Status Desired: Yes

FILED May 07, 2024

Date

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.

Date