

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000178683

**Entity Name:** MASULOA LLC

**Current Principal Place of Business:**

150 OCEAN LANE DRIVE  
ISLAND BREAKERS APT 5B  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

150 OCEAN LANE DR.  
ISLAND BREAKERS APT 5B  
KEY BISCAYNE, FLORIDA 33149 CO

**FEI Number:** 47-5399394

**Certificate of Status Desired:** Yes

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

MEJIA, VALERIA  
150 OCEAN LANE DR.  
ISLAND BREAKERS APT 5B  
KEY BISCAYNE, FL 33149 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 MGR  
Name MEJIA, VALERIA M  
Address 150 OCEAN LANE DRIVE  
ISLAND BREAKERS APT 5B  
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR  
Name MEJIA, VALERIA M  
Address 150 OCEAN LANE DRIVE  
ISLAND BREAKERS APT 5B  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** VALERIA MEJIA

**MANAGER**

**02/23/2023**

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

\_\_\_\_\_  
Date