

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000261899

Entity Name: MASTER ORGASMS LLC

Current Principal Place of Business:

6085NW 104PATH
MIAMI, FL 33178

Current Mailing Address:

6085NW 104PATH
MIAMI, FL 33178 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATTIE, ELIAS J SR
1004 NW 102PL
MIAMI, FL 33172 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 ATTIE HABELRIH, MAURICE SR
Address 1004 NW 102PL
City-State-Zip: MIAMI FL 33172

Title MGR
Name ACOSTA, PABLO SR
Address 14237SW 125TH AVE
City-State-Zip: MIAMI FL 33186

Title MGR
Name ABOUCHEDID, FARID SR
Address 6085NW 104 PATH
City-State-Zip: MIAMI FL 33178

Title MGR
Name LIBRE, JOSE SR
Address 170SE 14ST APT 1803
City-State-Zip: MIAMI FL 33131

Title MGR
Name ACOSTA, ALEJANDRO SR
Address 14237SW 125TH AVE
City-State-Zip: MIAMI FL 33186

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: MAURICE ATTIE HABELRIH

MGR

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date