

**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