

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000005786

**Entity Name:** MASSA FINANCIAL SOLUTIONS - FLORIDA, LLC

**Current Principal Place of Business:**

219 E MAPLE ST SUITE 202  
N CANTON, OH 44720

**Current Mailing Address:**

219 E MAPLE ST SUITE 202  
N CANTON, OH 44720

**FEI Number:** 45-5450687

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            MBR  
Name            MASSA, C DAVID  
Address        219 E MAPLE ST SUITE 202  
City-State-Zip: N CANTON OH 44720

Title            MBR  
Name            MCMILLIN, JASON  
Address        219 E MAPLE ST SUITE 202  
City-State-Zip: N CANTON OH 44720

*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:** MASSA, C DAVID

**MEMBER**

**03/10/2015**

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

\_\_\_\_\_  
Date