ATX1

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 20 AM 10: 54

DOCUMENT # L00000014044

1. Entity Name

MAS PICANTE, LC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3600 MYSTIC POINTE DR.	
Suite, Apt. #, etc: 917	Suite, Apt. #, etc.
City & State: AVENTURA, FL	City & State
Zip: 33180 / Country: US	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1057025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HAROLD E. CARL III

Street Address (P.O. Box Number is Not Acceptable): 3600 MYSTIC POINTE DR., #917

City: AVENTURA FL Zip Code: 33180

8. 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. I am familiar with, and accept the obligations of registered agent.

800060834658
10/20/05--01065--006 **50.00

SIGNATURE [signature] HAROLD E. CARL III 10/15/2005

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

REINSTATEMENT 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	HAROLD E. CARL III	NAME	
STREET ADDRESS	3600 MYSTIC POINTE DR., #917	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] HAROLD E. CARL III 10/15/2005 561-483-6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #