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
3600 MYSTIC POINTE DR.

Suite, Apt. #, etc
917

City & State
AVENTURA, FL

Zip 33180 | Country US

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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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 Harold E. Carl III 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

NSTATEMENT 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	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Harold E. Carl III 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 #