

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:55

DOCUMENT # L00000014044

1. Entity Name

Mas Picante, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 Mystic Pointe Drive #917

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
Aventura, FL

City & State

Zip
33180

Country

Zip

Country

4. FEI Number
65-1057025

Applied For
Not Applicable

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

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 Drive #917

City

Aventura

FL

Zip Code
33180

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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.

100082954111

01/03/07--01029--009 **150.00
12/27/2006

SIGNATURE

Harold E. Carl, III

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Harold E. Carl, III
3600 Mystic Pointe Drive #917
Aventura, FL 33180

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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

12/27/2006

954-558-8125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)