

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L01000002427

1. Entity Name
MASHTA PROPERTIES, L.C.



Principal Place of Business
**287 W MASHTA DRIVE
KEY BISCAVNE, FL 33149**

Mailing Address
**287 W MASHTA DRIVE
KEY BISCAVNE, FL 33149**



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1103918

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSALES, XAVIER F
287 W MASHTA DR
KEY BISCAVNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MASHTA PROPERTIES, LTD.
P.O. BOX 4911588
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROSALES, XAVIER
287 WEST MASHTA DRIVE
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROSALES, VANESSA
287 WEST MASHTA DRIVE
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000849450
03/21/08-80021-005 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes

SIGNATURE: _____

X. FRANCISCO ROSALES - 2/06/08 - (305)461-2142

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

Date

Daytime Phone #