2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
04 OCT 14 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003385

1. Entity Name
MASTER'S TOWING, LLC

Principal Place of Business	Mailing Address
1315 NEPTUNE DR. BOYNTON BEACH, FL 33426	1315 NEPTUNE DR. BOYNTON BEACH, FL 33426
2. Principal Place of Business: 1075 Fairfax Cir W	3. Mailing Address: 1075 Fairfax Cir W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Bch FL	City & State: Boynton Bch FL
Zip: 33436 Country: USA	Zip: 33436 Country: USA

10112004 Chg-LLC CR2E063 (10/03)

4. FEI Number: 79-2986255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOROWITZ, ELISE C 15909 CORINTHA TERRACE DELRAY BEACH, FL 33446	Name: Raymond Smith Street Address (P.O. Box Number is Not Acceptable): 1075 Fairfax Circle West City: Boynton Beach FL Zip Code: 33436

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] 10/8/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary C Dugan 900 N Ocean #A Pompano Beach FL 33062 managing member ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing member Raymond Smith 1075 Fairfax Circle W Boynton Beach FL 33436 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300041978903 10/19/04--01028--006 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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AMENDED 2004 A.R.

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] 10/8/04 561 5?? 2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #