

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004831

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** MASTER INTERNATIONAL GROUP, L.L.C.

**Current Principal Place of Business:**

18851 NE 29TH AV  
SUITE 402  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29TH AV  
SUITE 402  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 03-0400607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAUFMAN, RUBEN A  
18851 NE 29TH AV  
STE 402  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KAUFMAN, RUBEN  
**Address:** 18851 NE 29TH AV, STE 402  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** MGR  
**Name:** SAID, NORA E  
**Address:** 18851 NE 29TH AV, STE 402  
**City-St-Zip:** AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** RUBEN KAUFMAN

MGR

03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date