FILED
Feb 05, 2004 8:00 am
Secretary of State
01-20-2004 90207 016 ****50.00

DOCUMENT # L02000024645

1. Entity Name
MASCARA, LLC

34000119

Principal Place of Business	Mailing Address
216 FALLEN PALM DRIVE CASSELBERRY, FL 32707	P.O. BOX 917332 LONGWOOD, FL 32791-4048

PO Box 917332
Longwood, FL 32791

01112004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
76-0716204
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMP, LINDA S
216 FALLEN PALM DRIVE
CASSELBERRY, FL 32707

4701 Fox ST
Orlando, FL
32814

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7. 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: Linda S Camp 1-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $60.00
Due by May 1, 2004

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMP, LINDA S
STREET ADDRESS	216 FALLEN PALM DRIVE
CITY-ST-ZIP	CASSELBERRY, FL 32707

PO Box 917332
Longwood, FL
32791

TITLE	
NAME	
STREET ADDRESS	
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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: Linda S Camp 1-12-04 321-377-3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #