


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90025 050 ****50.00

DOCUMENT # L02000024645		
1. Entity Name MASCARA, LLC		

Principal Place of Business PO BOX 917332 LONGWOOD, FL 32791	Mailing Address P.O. BOX 917332 LONGWOOD, FL 32791-4048
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01052005 Chg-LLC	CR2E083 (10/03)
4. FEI Number 76-0716204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CAMP, LINDA S 4701 FOX ST 216 Fallen Palm Dr ORLANDO, FL 32814 Casselberry, FL 32707	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 216 Fallen Palm Dr	
City Casselberry	Zip Code FL 32707

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 <i>Linda S Camp</i>	DATE 1-11-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMP, LINDA S PO BOX 917332 LONGWOOD, FL 32791 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Linda S Camp*