

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90048 001 ***850.00

DOCUMENT # L03000028157

1. Entity Name
MASTER DOCUSCAN, LLC



Principal Place of Business
**2359 BEVILLE ROAD
DAYTONA BEACH, FL 32119**

Mailing Address
**2359 BEVILLE ROAD
DAYTONA BEACH, FL 32119**

30004033

2. Principal Place of Business
2379 Beville Road

3. Mailing Address
2379 Beville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-LLC CR2E083 (10/03)

City & State
Daytona Beach, Florida

City & State
Daytona Beach, Florida

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32119

Country
USA

Zip
32119

Country
USA

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

6. Name and Address of Current Registered Agent

**HAGAN, J. ANDREW ESQ.
2359 BEVILLE ROAD
DAYTONA BEACH, FL 32119**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2379 Beville Road

City **FL** Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HOSSEINI-KARGAR, MORTEZA
2359 BEVILLE ROAD
DAYTONA BEACH, FL 32119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2379 Beville Road ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

Morteza Hosseini-Kargar,
its Managing Member

SIGNATURE:

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

Date

Daytime Phone #

4/21/05

386-788-0820