


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L03000045423

1. Entity Name
MASTER MASONS, LLC



Principal Place of Business Mailing Address

**476 SHERWOOD RD.
 DEFUNIAK SPRINGS, FL 32435** **476 SHERWOOD RD.
 DEFUNIAK SPRINGS, FL 32435**

DO NOT WRITE IN THIS SPACE



04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0589098	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRACKINS, DONALD L III
 476 SHERWOOD RD.
 DEFUNIAK SPRINGS, FL 32435**

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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 _____ DATE _____
Signature is not required in case of registered agent on Florida applicable. (NOTE: Registered Agent Signature required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000911076
 05/07/08-80021-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BRACKINS, DONALD L JR 544 SHERWOOD RD. DEFUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BRACKINS, DONALD III 476 SHERWOOD RD DEFUNIAK SPRINGS, FL 32435
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Donald L. Brackins Jr* Donald L. Brackins Jr. *4-17-08* *3331381*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #