

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 023 ****50.00

DOCUMENT # L03000046425



1. Entity Name
MAS CONSTRUCTION L.L.C.

Principal Place of Business
**7445 REFLECTIONS LAKE DRIVE
LAKELAND FL 33813**

Mailing-Address
**P.O. BOX 5341
LAKELAND FL 33807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0802127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAS, BENITO L
7445 REFLECTIONS LAKE DRIVE
LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
MAS, BENITO L
7445 REFLECTIONS LAKE DRIVE
LAKELAND FL 33813**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
MAS, LILLIAM R
7445 REFLECTIONS LAKE DRIVE
LAKELAND FL 33813**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

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

1/27/2004 863-6447664

Date

Daytime Phone #