

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L04000000183

1. Entity Name

Masuen Consulting LLC



FILED

08 JAN 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5079 N. Dixie Highway

3. Mailing Address
5079 N. Dixie Highway

Suite, Apt. #, etc.
suite 323

Suite, Apt. #, etc.
Suite 323

City & State
Oakland Park, Florida

City & State
Oakland Park, Florida

4. FEI Number 02-0561636

Applied For
Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

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

200114193532
01/07/08-01/03/09 **55.00
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Todd Mohler

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

5079 N. Dixie Highway Suite 323

City
Oakland Park

FL

Zip Code
33334

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]

TODD MOHLER

1/04/08

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY-1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM - Mitchel Walker
642 Yates Road
Newport, WA 99156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200114193532
01/23/08-01/03/09 **88.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM - Todd Mohler
5079 N. Dixie Highway #323 Oakland Park, FL
33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM - Michele Masuen
642 Yates Road
Newport, WA 99156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM - Aaron Smith
37130 Oak Lane
Umatilla, FL 32784

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Need Add 88.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*nc
1/22/08*

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

12-18-07

866-928-1533 ext 212

Date

Daytime Phone #

CR2E083B (12/02)



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2008

MASUEN CONSULTING, LLC
5079 N. DIXIE HWY
SUITE 323
OAKLAND PARK, FL 33334

SUBJECT: MASUEN CONSULTING, LLC
Ref. Number: L04000000183

We have received your document for MASUEN CONSULTING, LLC and your check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$88.75.

EFFECTIVE JANUARY 1, 2008 THE FEE TO FILE THE 2008 LIMITED LIABILITY ANNUAL REPORT IS \$138.75, FILING FEE \$50.00, AN ADDITIONAL \$88.75 SUPPLEMENTAL FEE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 408A00001613