

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90153 028 \*\*\*138.75

**DOCUMENT # L04000005390**

1. Entity Name  
**MAS ENTERPRISES, LLC**



Principal Place of Business  
1910 HARBOR POINT DRIVE  
MERRITT ISLAND, FL 32952

Mailing Address  
1910 HARBOR POINT DRIVE  
MERRITT ISLAND, FL 32952

**60019073**



**DO NOT WRITE IN THIS SPACE**

03212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**56-2968085**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARKEY & FOWLER, P.A.**  
25 MCLEOD STREET  
MERRITT ISLAND, FL 32953

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SEQUEIRA, MARIO  
1910 HARBOR POINT DRIVE  
MERRITT ISLAND, FL 32952**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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:**

**MARIO SEQUEIRA**

**PRESIDENT OF MAS ENTERPRISES LLC**

**4-1-2008**

**321-636-7780**

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

Date

Daytime Phone #