2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 21, 2007 8:00 am Secretary of State DOCUMENT # L04000007055 1. Entity Name 05-21-2007 90364 029 \*\*\*\*50.00 MASCIA SIGNS LLC Principal Place of Business Mailing Address 6201 S INDIAN RIVER DR 6201 S INDIAN RIVER DR FT PIERCE FL 34982 FT PIERCE FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 59-3779628 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASCIA, JOHN J Street Address (P.O. Box Number is Not Acceptable) 6201 S INDIAN RIVER DR FT PIERCE FL 34982 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, typed or printed name of registered agent and title it 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, 2007 . MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. Change Addition THILE MGRM DIU. MGRM ☐ Delete LUKE TARALLO MASCIA, JOHN J GZOI S. INDIAN RIVER DR STREET ADDRESS STREET ADDRESS 6201 S INDIAN RIVER DR FT. PIERCE FL 34982 CHY-ST-7IP CUY-ST-ZIP FT PIERCE FL 34982 Change Addition Delete THE THILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CHY-ST-7IP TITLE ☐ Change Addition TILLE Delete NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P Delete BHI Change Addition HITE NAMi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete 11111 ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAM NAME STREET ADDRESS. STREET ADDRESS CITY - ST - ZIE CHY-ST-ZP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 pustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: NATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destane Phone #

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