

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90065 023 \*\*\*138.75

**DOCUMENT # L04000018464**

1. Entity Name

**SURFACE MASTERS LLC**



Principal Place of Business

**12411 LEANNE DRIVE  
DADE CITY FL 33525  
US**

Mailing Address

**10115 WELLINGTON AVE  
DADE CITY FL 33525  
US**



2. Principal Place of Business - No P.O. Box #

**12411 Leanne Drive**

Suite, Apt. #, etc.

3. Mailing Address

**10115 Wellington Ave**

Suite, Apt. #, etc.

City & State

**DADE CITY, FL 33525**

City & State

**DADE CITY, FL**

Zip

**33525**

Country

**USA**

Zip

**33525**

Country

**USA**

4. FEI Number

**59-3182740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**MITCHELL, ELIZABETH N  
12411 LEANNE DRIVE  
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

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 resigning)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MITCHELL, MICHAEL E  
12411 LEANNE DRIVE  
DADE CITY FL 33525**

TITLE  
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STREET ADDRESS  
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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*[Signature]*

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

**04-24-08**

**352-523-1228**

Date

Daytime Phone #