

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # L04000050346

1. Entity Name
JOSEPH S. MASTANDREA, LLC



Principal Place of Business

**13616 SW 101 LANE
MIAMI, FL 33186**

Mailing Address

**13616 SW 101 LANE
MIAMI, FL 33186**



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0187303

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALGER, STEPHEN A ESQ.
7900 SW 47 AVENUE, PENTHOUSE
MIAMI, FL 33143**

**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**

04/09/08-80044-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASTANDREA, JOSEPH S
STREET ADDRESS	13616 SW 101 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Joseph S. Mastandrea* Joseph S. MASTANDREA 1-7-08 305 385 0107

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

Date

Daytime Phone #