

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071585

Entity Name: MASI GROUP, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

13350 SW 1ST ST  
P-114  
PEMBROKE PINES, FL 33027 US

## New Principal Place of Business:

13350 SW 1ST ST  
PEMBROKE PINES, FL 33027 US

## Current Mailing Address:

P.O. BOX 773001  
OCALA, FL 344773001 US

## New Mailing Address:

FEI Number: 20-1707300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINCON, M.  
13350 SW 1ST STREET.  
P-114  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

MEREDITH, M.  
13350 SW 1ST STREET.  
PEMBROKE PINES, FL 33027 US

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.

SIGNATURE: M MEREDITH

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MEREDITH, S  
Address: P.O. BOX 773001  
City-St-Zip: OCALA, FL 344773001

Title: MGRM (X) Delete  
Name: MEREDITH, M  
Address: P.O. BOX 773001  
City-St-Zip: OCALA, FL 344773001

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MARTHA ISABEL MEREDITH REVOCABLE TRUST U/A  
Address: P.O. BOX 773001  
City-St-Zip: OCALA, FL 344773001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M MEREDITH

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date