

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90269 018 ***143.75


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03242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000081002

1. Entity Name
MASTER TECH INSTALLATIONS, LLC



Principal Place of Business
**309 W. IDLEWILD AVE.
 TAMPA, FL 33604 US**

Mailing Address
**309 W. IDLEWILD AVE.
 TAMPA, FL 33604 US**

2. Principal Place of Business - No P.O. Box #
4311 Bayside Village Dr

3. Mailing Address
4311 Bayside Village Dr

Suite, Apt. #, etc.
#102

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33615

Country
USA

4. FEI Number
35-2241431

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOLINA, JOYCE A
 309 W. IDLEWILD AVE.
 TAMPA, FL FL**

7. Name and Address of New Registered Agent

Name
Joyce A. Molina

Street Address (P.O. Box Number is Not Acceptable)
4311 Bayside Village Dr.

City
Tampa

State
FL

Zip Code
33615

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 Joyce A Molina DATE 3/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLINA, MIKE 309 W. IDLEWILD AVE. TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 4311 Bayside Village Dr., #102 Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA, JOYCE A 309 W. IDLEWILD AVE. TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 4311 Bayside Village Dr., #102 Tampa, FL 33615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joyce A Molina DATE 3/28/08 DAYTIME PHONE # (813)431-7007

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