

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030652

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** MASCARELL ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

455 GRAND BAY DR.  
1125  
KEY BISCAVNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

455 GRAND BAY DR. RESIDENCIAS  
1125  
KEY BISCAVNE, FL 33149

**New Mailing Address:**

**FEI Number:** 20-2554198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VECIANA-MUINO, SIRA  
4001 SW 72ND AVENUE  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MASCARELL RIBAS, PEDRO  
**Address:** 455 GRAND BAY DR.  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** MGRM  
**Name:** PINAR GARCIA, ROSARIO  
**Address:** 455 GRAND BAY DR.  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** MGRM  
**Name:** MASCARELL PINAR, EVA  
**Address:** 455 GRAND BAY DR.  
**City-St-Zip:** KEY BISCAVNE, FL 33149

I hereby 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:** PEDRO MASCARELL

SR.

01/15/2012

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