

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033027

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** PRIME MASHTA, LLC

**Current Principal Place of Business:**

9429 HARDING AVENUE,S TE. 15  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9429 HARDING AVENUE,S TE. 15  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 20-2621319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIE SALAZAR, LISETTE ESQ  
260 CRANDON BLVD., STE. 48  
KEY BISCAYNE, FL 33149 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: SCHLOSSBERG, GUSTAVO M  
Address: 9429 HARDING AVENUE,S TE. 15  
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM  
Name: SCHLOSSBERG, EUGENIO  
Address: 9429 HARDING AVENUE,S TE. 15  
City-St-Zip: SURFSIDE, FL 33154

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: GUSTAVO M SCHLOSSBERG

MGRM

02/03/2010

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