

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90074 046 ***138.75

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1. Entity Name

MASKTECH USA, LLC

Principal Place of Business

**630 BELMONT AVE.
TEMPLE TERRACE FL 33617**

Mailing Address

**630 BELMONT AVE.
TEMPLE TERRACE FL 33617**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number
20-2624990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OHR, TIM
630 BELMONT AVE
TEMPLE TERRACE FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee (see page 2)

(NOTE: Registered Agents are required to be licensed)

Gift

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**P WINSTON, WILLIAM
630 BELMONT AVE
TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP ~~OHR, JAROW~~ YAP, JASON
6 TROY FIELD CLOSE
SWIEX, UK 108XA**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**S ~~OHR, TIM~~
630 BELMONT AVE
TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE: *Winston William* *Winston William* *1/22/08* *01165672207*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE