

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-25-2006 90016 029 ****55.00

DOCUMENT # L05000088183 1. Entity Name THE MASTER'S TOUCH, LLC					
Principal Place of Business 11236 NORVELL RD SPRING HILL, FL 34608 US			Mailing Address 11236 NORVELL RD SPRING HILL, FL 34608 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent PETERS, TIMOTHY G 11236 NORVELL RD SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 203426310	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)				DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
8. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETERS, TIMOTHY G 11236 NORVELL RD SPRING HILL, FL 34608	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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:			4-17-06 (352) 279-7456		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		