

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097010

FILED
Jul 20, 2009
Secretary of State

Entity Name: MASTERTEK L.L.C.

Current Principal Place of Business:

6101 BLUE LAGOON DRIVE #150
MIAMI, FL 33126

New Principal Place of Business:

6101 BLUE LAGOON DRIVE
150
MIAMI, FL 33126

Current Mailing Address:

6101 BLUE LAGOON DRIVE #150
MIAMI, FL 33126

New Mailing Address:

6101 BLUE LAGOON DRIVE
150
MIAMI, FL 33126

FEI Number: 55-0906767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, GUSTAVO
6101 BLUE LAGOON DRIVE #150
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

ACEVEDO & ASSOCIATES LLP
6101 BLUE LAGOON DRIVE
150
MIAMI, FL 33126 US

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: ALVARO ACEVEDO

07/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOPEZ, GUSTAVO
Address: 6101 BLUE LAGOON DRIVE #150
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: OLMEDA, SANTIAGO
Address: 6101 BLUE LAGOON DRIVE #150
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 LOPEZ

MGRM

07/20/2009

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