


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90122 009 ***138.75

DOCUMENT # L07000012204					
1. Entity Name MASSCORP LLC					
Principal Place of Business 15787 HWY 331 SOUTH FREEPORT, FL 32439			Mailing Address 15787 HWY 331 SOUTH FREEPORT, FL 32439		
2. Principal Place of Business - No P.O. Box # 15787 Hwy 331 Business Suite, Apt. #, etc. Freeport, FL		3. Mailing Address same Suite, Apt. #, etc. City & State			
City & State Freeport, FL		City & State		03252008 Chg-LLC CR2E083 (12/06)	
Zip 32439		Country Walton		4. FEI Number 02-0804501	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MASSEY, DENNIS R 15787 HWY 331 SOUTH FREEPORT, FL 32439			7. Name and Address of New Registered Agent Name Massey Dennis R. Street Address (P.O. Box Number is Not Acceptable) 403 Club House Dr E. City Freeport, FL Zip Code 32439		
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: <u>Shellen K Massey</u> DATE: <u>4-07-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSEY, DENNIS R 15787 HWY 331 SOUTH FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Massey, Dennis R. 403 Club House Dr. E. Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSEY, SHELENE K 15787 HWY 331 SOUTH FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Massey, Shellen K 403 Club House Dr E. Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSEY, TROY C - 15787 HWY 331 SOUTH FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Massey, Troy C. 403 Club House Dr. E. Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSEY, RYAN P 15787 HWY 331 SOUTH FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Massey, Ryan P. 317 White Heron Dr. Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shellen K Massey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-7-08</u> Daytime Phone #: <u>850-835-4500</u>		