2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Apr 17, 2008 8:00 am
Secretary of State

03-19-2008 90145 035 ***138.75

DOCUMENT # L07000110645

1. Entity Name
MAS ENERGY, LLC

Principal Place of Business	Mailing Address
434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095	434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095

03032008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
340 PASEO REYES DR.		340 PASEO REYES DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST. AUGUSTINE, FL		City & State: ST. AUGUSTINE, FL	
Zip: 32095	Country: USA	Zip: 32095	Country: USA

4. FEI Number: 26-1352632 ☐ 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
MAS GLOBAL, INC. 434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095	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] 4/8/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 MAS GLOBAL, INC. 434 SOPHIA TERRACE ST. AUGUSTINE, FL 32095	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #