

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068589

FILED  
Jul 19, 2011  
Secretary of State

**Entity Name:** MASRAM CONSTRUCTION SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

14004 ROOSEVELT BLVD  
606  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

14004 ROOSEVELT BLVD  
606  
CLEARWATER, FL 33762

**New Mailing Address:**

**FEI Number:** 27-0826233      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GELLES, JARED ESQ  
RAFFERTY, STOLZENBERG, GELLES, TENENHOLTZ  
1401 BRICKELL AVENUE, STE. 825  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MASRAM MECHANICAL LLP  
Address: 10601 GRANT ROAD #108  
City-St-Zip: HOUSTON, TX 77070

Title: CEOT  
Name: MASRAFF, ANTHONY G JR.  
Address: 10601 GRANT ROAD #108  
City-St-Zip: HOUSTON, TX 77070

Title: P  
Name: SCAVONE, DOMINIC  
Address: 2878 TRAILWOOD DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

Title: S  
Name: RAMIREZ, ANTONIO  
Address: 10601 GRANT ROAD #108  
City-St-Zip: HOUSTON, TX 77070

Title: D  
Name: BURDETTE, JEFFREY  
Address: 10601 GRANT ROAD #108  
City-St-Zip: HOUSTON, TX 77070

I hereby 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: ANTHONY MASRAFF      CEOT      07/19/2011

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