

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000008857

**FILED**  
**Oct 12, 2012**  
**Secretary of State**

**Entity Name:** MASTER CAPITAL VENTURES LLC

**Current Principal Place of Business:**

1385 W. STATE ROAD 434  
SUITE101  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1385 W. STATE ROAD 434  
SUITE101  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 27-1831313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOBER, SCOTT M  
1385 W. STATE ROAD 434  
SUITE 101F  
LONGWOOD, FL 32750 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: TOBER, SCOTT  
Address: 1385 W STATE ROAD 434 SUITE 101F  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM  
Name: OBESO, CARL E  
Address: 601 GOLDEN DAWN LANE  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM  
Name: RIVADENEIRA, EDWIN  
Address: 2265 OAK SHADOW COURT  
City-St-Zip: OVIEDO, FL 32766 US

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: SCOTT M TOBER

MGRM

10/12/2012

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