

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114872

Entity Name: MASEVA, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

207 SW 5TH STREET  
STUART, FL 34994

**New Principal Place of Business:**

536 SW AKRON AVE  
STUART, FL 34994

**Current Mailing Address:**

207 SW 5TH STREET  
STUART, FL 34994

**New Mailing Address:**

536 SW AKRON AVE  
STUART, FL 34994

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMBLOR-CUTSAIMANIS, MARCELA T  
207 SW 5TH STREET  
STUART, FL 34994 US

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

CAMBLOR-CUTSAIMANIS, MARCELA T  
536 SW AKRON AVE  
STUART, FL 34994 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: MARCELA CAMBLOR-CUTSAIMANIS

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMBLOR-CUTSAIMANIS, MARCELA T  
Address: 536 SW AKRON AVE  
City-St-Zip: STUART, FL 34994

Title: MGRM  
Name: CUTSAIMANIS, SERGIO C  
Address: 536 SW AKRON AVE  
City-St-Zip: STUART, FL 34994

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: MARCELA CAMBLOR-CUTSAIMANIS

MGMR

04/10/2012

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