

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L99000001158

1. Entity Name

MASSEY, COICAN & SCHUSTER, L.L.C.



Principal Place of Business

2455 EAST SUNRISE BOULEVARD, SUITE 1100  
FORT LAUDERDALE, FL 33304

Mailing Address

2455 EAST SUNRISE BOULEVARD, SUITE 1100  
FORT LAUDERDALE, FL 33304



01032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0888597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MASSEY, ALBERT P  
2455 EAST SUNRISE BOULEVARD, SUITE 1100  
FORT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and use 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MASSEY, ALBERT P III
STREET ADDRESS	2455 EAST SUNRISE BOULEVARD, SUITE 1100
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	COICAN, GREGORY G
STREET ADDRESS	2455 EAST SUNRISE BOULEVARD, SUITE 1100
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000778768  
01/11/08-80010-020 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/03/08