

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007304

1. Entity Name
MASTRO HOLDINGS L.L.C.



Principal Place of Business
**6402 W. HILLSBORO AVENUE
TAMPA, FL 33634-5057**

Mailing Address
**6402 W. HILLSBORO AVENUE
TAMPA, FL 33634-5057**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number **59-3608866** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASTRO, STEPHEN
6402 W. HILLSBORO AVENUE
TAMPA, FL 33634-5057**

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000102058
04/02/04-80038-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MG RM
MASTRO, STEPHEN
6402 W. HILLSBOROUGH AVENUE
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MASTRO, PETER
6402 W. HILLSBOROUGH AVENUE
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MASTRO, LISA
6402 W. HILLSBOROUGH AVENUE
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #