


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90139 036 \*\*\*143.75

<b>DOCUMENT # M07000006277</b> 1. Entity Name <b>MASTERS AND MASTERS, LLC</b>					
Principal Place of Business <b>2249 CHESTNUT DRIVE</b> <b>BLOOMFIELD HILLS, MI 48304</b>			Mailing Address <b>2249 CHESTNUT DRIVE</b> <b>BLOOMFIELD HILLS, MI 48304</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2667 ROBIN HOOD LANE</b> Suite, Apt. #, etc.			
City & State		City & State <b>BONIFAY, FL.</b>		4. FEI Number <b>38-2303411</b>	
Zip <b>32425</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MASTERS, WILMA M</b> <b>2667 ROBIN HOOD LANE</b> <b>BONIFAY, FL 32425</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Wilma M. Masters</u> (NOTE: Registered Agent signature required when reappointing) DATE <u>1-31-08</u>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTERS, NORMAN D 2249 CHESTNUT DRIVE BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTERS, WILMA M 2667 ROBIN HOOD LANE BONIFAY, FL 32425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: Wilma M. Masters - Wilma M. Masters</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <u>1-31-08</u> Daytime Phone # <u>850-547-5030</u>					

60005989



01292008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

**FL** Zip Code