

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000008857

**Entity Name:** MASTER CAPITAL VENTURES LLC

**Current Principal Place of Business:**

1385 W. STATE ROAD 434  
SUITE101  
LONGWOOD, FL 32750

**Current Mailing Address:**

1385 W. STATE ROAD 434  
SUITE101  
LONGWOOD, FL 32750

**FEI Number:** 27-1831313

**Certificate of Status Desired:** No

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

TOBER, SCOTT M  
1385 W. STATE ROAD 434  
SUITE 101 F  
LONGWOOD, FL 32750 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TOBER, SCOTT M  
Address 1385 W STATE ROAD 434  
SUITE 101 F  
City-State-Zip: LONGWOOD FL 32750

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT M TOBER

MGRM

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date