

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000001309

**Entity Name:** MASTERCRAFT REMODELING L.L.C.

**Current Principal Place of Business:**

535 MARLBOROUGH ST  
A  
OLDSMAR, FL 34677

**Current Mailing Address:**

535 MARLBOROUGH ST  
A  
OLDSMAR, FL 34677

**FEI Number:** 47-2749038

**Certificate of Status Desired:** No

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

MAMI, ANGELO  
535 MARLBOROUGH STREET  
A  
OLDSMAR, FL 34677 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 MGR  
Name MAMI, ANGELO  
Address 535 MARLBOROUGH STREET  
A  
City-State-Zip: OLDSMAR FL 34677

Title AUTHORIZED MEMBER  
Name MAMI, ANGELO III  
Address 4041 HIGHLAND LOOP  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED MEMBER  
Name SHAW, BRANDON  
Address 4041 HIGHLAND LOOP  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** MAMI, ANGELO

**REGISTERED AGENT**

**04/28/2023**

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

\_\_\_\_\_  
Date