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: MOISESFCHAVES

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

Certificate of Status Desired: No

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:

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CHAVES, MOISES F	Name	FONSECA, ALESSANDRA
Address	603 ARBOR POINTE AVENUE	Address	603 ARBOR POINTE AVENUE
City-State-Zip:	MINNEOLA FL 34715	City-State-Zip:	MINNEOLA FL 34715

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000089812

Entity Name: MASTER BUSINESS LLC

Current Principal Place of Business:

603 ARBOR POINTE AVENUE MINNEOLA, FL 34715

Current Mailing Address:

603 ARBOR POINTE AVENUE MINNEOLA, FL 34715 US

FEI Number: 81-2519303

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CERVINO, CRISTIANE 10411 BIG TREE CT ORLANDO, FL 32836 US

FILED Apr 30, 2020 Secretary of State 7302456794CC

Date

04/30/2020

Date