

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000233467

Entity Name: MASTER INSTALLS LLC

Current Principal Place of Business:

16711 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

16711 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 81-4826648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC
5237 SUMMERLIN COMMONS STE 400
FORT MYERS, FL 33907 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 AMBR
Name LUSHER, ARSEN
Address 16711 COLLINS AVE STE 309
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR
Name LUSHER, LEONID
Address 16711 COLLINS AVE STE 309
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR
Name HICKEY, DANIEL DOMINICK
Address 16711 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR
Name SUKHMANN, LANA
Address 16711 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: ARSEN LUSHER

AMBR

02/03/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date