

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000228127

**Entity Name:** MASTERS ENT LLC

**Current Principal Place of Business:**

9661 NW 19TH PL  
SUNRISE, FL 33322

**Current Mailing Address:**

9661 NW 19TH PL  
SUNRISE, FL 33322

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DORCE, PATRICK C  
9661 NW 19TH PL  
SUNRISE, FL 33322 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	N/A
Name	N/A
Address	9661 NW 19TH PL
City-State-Zip:	SUNRISE FL 33322

*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:** PATRICK CLAUDE DORCE

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date