

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000353767

**Entity Name:** MASNURI MANAGEMENT LLC

**Current Principal Place of Business:**

4505 STONEHENGE RD  
TAMPA, FL 33624

**Current Mailing Address:**

4505 STONEHENGE RD  
TAMPA, FL 33624 US

**FEI Number:** 85-4003813

**Certificate of Status Desired:** No

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

VALDES MAS, NURIA  
4505 STONEHENGE RD  
TAMPA, FL 33624 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            VALDES MAS, NURIA  
Address        4505 STONEHENGE RD  
City-State-Zip: TAMPA FL 33624

*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:** NURIA VALDES MAS

AMBR

04/12/2025

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

\_\_\_\_\_  
Date