

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000518197

**Entity Name:** MASTER FLORIDA SERVICES LLC

**Current Principal Place of Business:**

2527 ARROW POINTE DR  
HOLIDAY, FL 34691

**Current Mailing Address:**

2527 ARROW POINTE DR  
HOLIDAY, FL 34691 US

**FEI Number:** 81-1880084

**Certificate of Status Desired:** No

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

JASASTSA BUSINESS SERVICES LLC  
22095 US HWY 19 N  
CLEARWATER, FL 33765 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            VARGAS FUENTES, ALEJANDRO  
Address        2527 ARROW POINTE DR  
City-State-Zip: HOLIDAY FL 34691

*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:** ALEJANDRO VARGAS FUENTES

AMBR

04/30/2024

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

\_\_\_\_\_  
Date