

**2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Apr 13, 2012  
Secretary of State**

DOCUMENT# L04000001023

Entity Name: BELNAZ HOLDINGS, LLC

**Current Principal Place of Business:**

1577 MARINER WAY  
HOLLYWOOD, FL 33019 US

**New Principal Place of Business:**

1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE, FL 33009 US

**Current Mailing Address:**

1577 MARINER WAY  
HOLLYWOOD, FL 33019 US

**New Mailing Address:**

1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE, FL 33009 US

FEI Number: 20-1331927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GALUSTYANTS, BELLA  
1577 MARINER WAY  
HOLLYWOOD, FL 33019 US

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

GALUSTYANTS, GABRIELLA  
1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE, FL 33009 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: MARKERA GALUSTYANTS      04/13/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GALUSTYANTS, GABRIELLA  
Address: 1835 E. HALLANDALE BEACH BLVD, #339  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGRM  
Name: GALUSTYANTS, MARKERA  
Address: 1835 E. HALLANDALE BEACH BLVD, #339  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM  
Name: KOBLANCE, RAFAEL  
Address: 1835 E. HALLANDALE BEACH BLVD, #339  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARKERA GALUSTYANTS      MGRM      04/13/2012  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date