

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056366

Entity Name: GMZ HOLDING LLC

FILED
Apr 01, 2007
Secretary of State

Current Principal Place of Business:

5641 WESTSHORE DR
NEWPORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5641 WESTSHORE DR
NEWPORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-2960070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSHTAGH, MEHRDAD
5641 WESTSHORE DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZOHOURY, NASSER
Address: 2070 AZELEA DR
City-St-Zip: ROSWELL, GA 30075

Title: MGRM () Delete
Name: GILLESPIE, SHARP
Address: 574 GRAMERCY DR
City-St-Zip: MARIETTA, GA 30068

Title: MGRM (X) Delete
Name: MOSHTAGH, MEHRDAD
Address: 5641 WESTSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MOSHTAGH, MEHRDAD
Address: 5641 WESTSHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MEHRDAD MOSHTAGH

MGRM

04/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date