

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000001312

**Entity Name:** MAZARI LLC

**Current Principal Place of Business:**

6735 CONROY RD  
SUITE 420  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY RD  
SUITE 420  
ORLANDO, FL 32835 US

**FEI Number:** 27-1602386

**Certificate of Status Desired:** Yes

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

MAZARI LLC  
6735 CONROY RD  
SUITE 420  
ORLANDO, FL 32835 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:** ABED ASKER

11/06/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ASKER, ALADIN  
Address 6735 CONROY RD  
SUITE 420  
City-State-Zip: ORLANDO FL 32835

Title MANAGING MEMBER  
Name ASKER, ABED  
Address 6735 CONROY RD  
SUITE 420  
City-State-Zip: ORLANDO FL 32835

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALADIN ASKER

MANAGING MEMBER

11/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date