

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064122

**Entity Name:** BHTZ, LLC

**Current Principal Place of Business:**

9471 BAYMEADOWS ROAD  
SUITE 207  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9471 BAYMEADOWS ROAD  
SUITE 207  
JACKSONVILLE, FL 32256

**FEI Number:** 27-3503128

**Certificate of Status Desired:** No

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

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE, STE. 1400  
JACKSONVILLE, FL 32207 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	MGR	Title	MGR
Name	BAPTISTA, MICHAEL	Name	MAJURI, CLAUDIA
Address	9471 BAYMEADOWS ROAD, SUITE 207	Address	9471 BAYMEADOWS ROAD, SUITE 207
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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:** CLAUDIA MAJURI

**MANAGER**

**04/25/2019**

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

\_\_\_\_\_  
Date