

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000083050

**Entity Name:** MZL4 INVESTMENTS LLC

**Current Principal Place of Business:**

5401 S. KIRKMAN RD.  
STE. #105  
ORLANDO, FL 32819

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC5090355807**

**Current Mailing Address:**

5401 S. KIRKMAN RD.  
STE. #105  
ORLANDO, FL 32819

**FEI Number:** 80-0930958

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD.  
STE. # 105  
ORLANDO, FL 32819 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 MGRM  
Name MENZEL, LUIZ ANTONIO P  
Address RUA CIPRIANO ANTONIO RIGOTTO,  
136  
City-State-Zip: CURITIBA PR 82120--210

Title MGRM  
Name MENZEL, MARISTELA J  
Address RUA CIPRIANO ANTONIO RIGOTTO,  
136  
City-State-Zip: CURITIBA PR 82120--210

Title MGRM  
Name MENZEL, GERMANO  
Address RUA CIPRIANO ANTONIO RIGOTTO,  
136  
City-State-Zip: CURITIBA PR 82120--210

Title MGRM  
Name MENZEL, GREGORIO  
Address RUA CIPRIANO ANTONIO RIGOTTO,  
136  
City-State-Zip: CURITIBA PR 82120--210

*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:** LUIZ ANTONIO P MENZEL

**MGRM**

**04/28/2014**

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

\_\_\_\_\_  
Date