

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000113497

**Entity Name:** MAZ WORKS, LLC

**Current Principal Place of Business:**

10794 PINES BLVD, STE 102  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

10794 PINES BLVD, STE 102  
PEMBROKE PINES, FL 33026 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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            AMBR  
Name            ZAMBRANO, MARIO D  
Address        10794 PINES BLVD., STE. 102  
City-State-Zip:   PEMBROKE PINES FL 33026

Title            AMBR  
Name            SUAREZ, MERCEDES Z  
Address        10794 PINES BLVD, STE 102  
City-State-Zip:   PEMBROKE PINES FL 33026

*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:** MARIO D ZAMBRANO

AMBR

09/26/2014

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

\_\_\_\_\_  
Date