

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000197023

**Entity Name:** SAZZ ACCESSORIES LLC

**Current Principal Place of Business:**

10435 MIDTOWN PARKWAY UNIT 104  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

100 PEYTON WAY SUITE 200  
CHARLESTON, WV 25309 US

**FEI Number:** 47-2684844

**Certificate of Status Desired:** No

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

BOGGESE, MARSHA  
7643 GATE PARKWAY SUITE 104  
JACKSONVILLE, FL 32256 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 BOGGESE, MARSHA  
Address 7643 GATE PARKWAY SUITE 104  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name AZIZ, FATIMA  
Address 38 ROANOKE TRACE  
City-State-Zip: CHARLESTON WV 25314

Title AMBR  
Name ASHRAF, SYED  
Address 38 ROANOKE TRACE  
City-State-Zip: CHARLESTON WV 25314

*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:** MARSHA BOGGESE

**MEMBER**

**03/26/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date