

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000001901

**Entity Name:** AIZONE LLC

**Current Principal Place of Business:**

2674 AMBERLY LANE  
TROY, MI 48084

**Current Mailing Address:**

2674 AMBERLY LANE  
TROY, MI 48084 US

**FEI Number:** 47-2673366

**Certificate of Status Desired:** No

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

BATHICHE, ROLA  
19976 HAZELTINE PL ASHBURN, VA 20147 US  
APT 213  
WINTER PARK, FL 32792 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	BATHICHE, ROLA	Name	REID, TONI
Address	19976 HAZELTINE PL	Address	2674 AMBERLY LANE
City-State-Zip:	ASHBURN VA 20147	City-State-Zip:	TROY MI 48084
Title	MGR	Title	MGR
Name	EID, GEORGE	Name	EID, RAMI
Address	19976 HAZELTINE PL	Address	19976 HAZELTINE PL
City-State-Zip:	ASHBURN VA 20147	City-State-Zip:	ASHBURN VA 20147

*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:** REID, TONI

**MANAGER**

**01/05/2023**

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

\_\_\_\_\_  
Date