

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000001901

**Entity Name:** AIZONE LLC

**Current Principal Place of Business:**

3940 ALUREL CANYON BLVD  
APT 151  
STUDIO CITY, CA 91604

**Current Mailing Address:**

3940 ALUREL CANYON BLVD  
APT 151  
STUDIO CITY, CA 91604 US

**FEI Number:** 47-2673366

**Certificate of Status Desired:** No

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

BATHICHE, ROLA  
3940 ALUREL CANYON BLVD  
APT 151  
STUDIO CITY , FL 91604 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  
Name BATHICHE, ROLA  
Address 2039 NEW STONECASTLE TER APT  
213  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name REID, TONI G  
Address 2039 NEW STONECASTLE TER APT  
213  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name EID, GEORGE  
Address 2039 NEW STONECASTLE TER  
City-State-Zip: WINTER PARK FL 32792

Title MGR  
Name EID, RAMI  
Address 2039 NEW STONECASTLE TER  
City-State-Zip: WINTER PARK FL 32792

*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:** TONI REID

**MANAGER**

**04/28/2016**

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

\_\_\_\_\_  
Date