

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214925

**Entity Name:** A & Z LLC

**Current Principal Place of Business:**

4500 BAYMEADOWS ROAD APT 2  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

A & Z LLC  
PO BOX 56541  
JACKSONVILLE, FL 32241 US

**FEI Number:** 11-3786320

**Certificate of Status Desired:** No

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

AMIN, MOHAMMAD B  
4500 BAYMEADOWS ROAD APT 2  
JACKSONVILLE, FL 32217 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 AMIN, MOHAMMAD A  
Address PO BOX 56541  
City-State-Zip: JACKSONVILLE FL 32241

*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:** MOHAMMAD BASIL AMIN

MGR

03/19/2017

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

\_\_\_\_\_ Date