

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90388 007 ****50.00

DOCUMENT # L0000000 3386

1. Entity Name

ZAG SOFTWARE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4625 OLD WINTER GARDEN RD

3. Mailing Address

SAME

Suite, Apt. etc.

A5

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

Zip

32811

Country

USA

Zip

Country

4. FEI Number

59-3754565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PAUL TROCKI

Street Address (P.O. Box Number is Not Acceptable)

5528 SPRING RUN AVE

City ORLANDO

FL

Zip Code 32819

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

PAUL TROCKI

4/29/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE PRES/MGR
NAME SERGIO HAZAN
STREET ADDRESS 4625 OLD WINTER GARDEN RD #A5
CITY - ST - ZIP ORLANDO FL 32811

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SERGIO R. HAZAN

4/29/02

Date

407 290 1343

Daytime Phone #

CR2E0838 (12/01)