

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90037 010 ****50.00

DOCUMENT # L000000074931. Entity Name
MAZER HOLDINGS, LLC**24053641**

04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-3144907Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MAZER, BOB
3000 LEBATEAU DRIVE
PALM BEACH GARDENS, FL 33410

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004Make check payable to
Florida Department of State**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAZER, SAMUEL R
1240 W. 13TH STREET
RIVIERA BEACH, FL 33404 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Samuel R. Mazer - SAMUEL R. MAZER 4/23/04 561 625 3634