

From:

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

04/19/2007 10:33 #050 P.003/007

FILED

**Apr 23, 2007 08:00 A
Secretary of State**

DOCUMENT # L00000007493

1. Entity Name
MAZER HOLDINGS, LLC



Principal Place of Business
**3000 LEBATEAU DRIVE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3000 LEBATEAU DRIVE
PALM BEACH GARDENS, FL 33410**



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-3144907

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAZER, BOB
3000 LEBATEAU DRIVE
PALM BEACH GARDENS, FL 33410**

**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. 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 reinstating)

U00000724456

05/02/07-80113-006 50.00
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAZER, SAMUEL R
1240 W. 13TH STREET
RIVIERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: *Samuel R. Mazer*

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

4/19/07

Date

561-445-4445

Daytime Phone #