

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014376

1. Entity Name
ZAGROS, LLC

Principal Place of Business
19981 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32143

Mailing Address
19981 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH FL 32143

2. Principal Place of Business
13109 OLEANDER DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9621
Suite, Apt. #, etc.

City & State
P.C. Beach, FL
Zip
32407
Country
BAY

City & State
P.C. Beach, FL
Zip
32417
Country
Bay

4. FEI Number
59-3697392

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEHRANI, H.T.
13109 OLEANDER AVE.
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

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.

SIGNATURE H.T. TEHRANI DATE 8-6-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004527714--8
-08/09/01--01081--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TEHRANI, H.T.
STREET ADDRESS 13109 OLEANDER DR.
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE MGRM
NAME BOLLINGER, BEN ESQ.
STREET ADDRESS 512 GRACE AVE.
CITY-ST-ZIP PANAMA CITY FL 32402 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 REQUIRED

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

8-6-01 (850) 960-0007

Date Daytime Phone #

CR2E083 (5/01)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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