

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 048 ***150.00

DOCUMENT # L01000003640

1. Entity Name

C.Z. INVESTMENTS L.L.C.



Principal Place of Business

400 SURFSIDE BOULEVARD
SURFSIDE FL 33154

Mailing Address

1150 N.W. 72ND AVE.
555
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1087287

Applied

Not App

5. 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

ZAFFARONI, LUCIA
6691 NW 169TH ST.
HIALEAH FL 33015

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 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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZAFFARONI CAMACHO, LUCIA	
STREET ADDRESS	400 SURFSIDE BOULEVARD	
CITY - ST - ZIP	SURFSIDE FL 33154	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CALVENTO, FERNANDO A	
STREET ADDRESS	400 SURFSIDE BOULEVARD	
CITY - ST - ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Fernando Calvento

Date

Daytime Phone #

7/28/05 305-994-9533

ATTACHMENT

20065757
L01000003640

C.Z. INVESTMENTS L.L.C.
1150 N.W. 72nd Avenue #555
Miami, Florida, 33126

July 22, 2005

Florida Department of State
P.O. Box 6327
Tallahassee, Fl., 32314

Gentlemen:

We were surprised to find out that our corporation was to be dissolved for not sending the annual report for the year 2005 as it appears we did not receive the annual report renewal from your office.

We are attaching our check for \$150.00 and respectfully request that our corporation be reinstated.

We are also attaching the annual report for the year 2005 obtained through the internet.

Thank you for your assistance in this matter.

Respectfully,

C.Z. INVESTMENTS L.L.C.


Fernando Calvento
Partner