

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90013 007 \*\*\*\*50.00

**DOCUMENT # L03000029553**

1. Entity Name

MAZZ TRANSPORT, LLC



Principal Place of Business

1202 WESTBURY POINT DR, UNIT 102  
BRANDON FL 33511

Mailing Address

1202 WESTBURY POINT DR, UNIT 102  
BRANDON FL 33511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2733

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33509-2733

Country

USA

4. FEI Number

20-0148565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A. DOWD, P.A.  
3016 US HIGHWAY 301 N, STE 900  
TAMPA FL 33619

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. 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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MAZZULLA, WASHINGTON E  
STREET ADDRESS 1202 WESTBURY POINT DR, UNIT 102  
CITY-ST-ZIP BRANDON FL 33511

TITLE MGR ☐ Delete  
NAME MAZZULLA, JOHN P  
STREET ADDRESS 1202 WESTBURY POINT DR, UNIT 102  
CITY-ST-ZIP BRANDON FL 33511

TITLE MGR ☐ Delete  
NAME MAZZULLA, YESY R  
STREET ADDRESS 1202 WESTBURY POINT DR, UNIT 102  
CITY-ST-ZIP BRANDON FL 33511

TITLE MGR ☐ Delete  
NAME MAZZULLA, MARISOL  
STREET ADDRESS 1202 WESTBURY POINT DR, UNIT 102  
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: Yesy R Mazzulla Yesy R MAZZULLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813.661.6299