

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030757

FILED
Feb 06, 2005
Secretary of State

Entity Name: RAZZMATAZ, LLC

Current Principal Place of Business:

5438 TILDENS GROVE BLVD.
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

5438 TILDENS GROVE BLVD.
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-0168059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, ALAN
5438 TILDENS GROVE BLVD.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHNEIDER, ALAN
Address: 5438 TILDENS GROVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: SCHNEIDER, RUTH
Address: 5438 TILDENS GROVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: MOY, EDWARD
Address: 5438 TILDENS GROVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALAN J SCHNEIDER

MGRM

02/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date