

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90148 001 ****50.00

DOCUMENT # L03000044095

Entity Name

ADZ, LLC



Principal Place of Business

2200 INTERCOASTAL DRIVE
FORT LAUDERDALE FL 33305
JS

Mailing Address

2200 INTERCOASTAL DRIVE
FORT LAUDERDALE FL 33305
US

spelled wrong!



MOORE

CR2E083 (4/04)

Principal Place of Business

200 Intracoastal Dr. 2200 Intracoastal Dr.

Suite, Apt. #, etc.

Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

MURDOCH, ROBERT E
790 E. BROWARD BOULEVARD
SUITE 400
FORT LAUDERDALE FL 33301

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

7.30.04

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MIERZWA, ZENNON L
2200 INTERCOASTAL DRIVE
FORT LAUDERDALE FL 33305
- spelled wrong

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2200 Intracoastal Dr.

TITLE
NAME
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CITY - ST - ZIP

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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

Date

Daytime Phone #

7.30.04