

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000013480

1. Entity Name  
MZM, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES

05 DEC 21 AM 10:55

Principal Place of Business  
86 MCFARLANE DRIVE, APT. 3-B  
DELRAY BEACH, FL 33443

Mailing Address  
86 MCFARLANE DRIVE, APT. 3-B  
DELRAY BEACH, FL 33443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102005 REIN-LLC CR2E101 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

JOH, ERIK EDWARDS  
4600 NORTH OCEAN BLVD., SUITE 206  
BOYNTON BEACH, FL 33435

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MORLEY, MARGOT Z ☒ Delete  
STREET ADDRESS 86 MCFARLANE DRIVE, APT. 3-B  
CITY-ST-ZIP DELRAY BEACH, FL 33443

TITLE MGR  
NAME WILLIAM J. MORLEY ☐ Change ☒ Addition  
STREET ADDRESS 34 Beach St., Larchmont, NY 10538

TITLE SEC.  
NAME WILLIAM J. MORLEY ☒ Delete  
STREET ADDRESS 34 Beach Ave.  
CITY-ST-ZIP Larchmont, NY 10538

TITLE SEC.  
NAME JAMES T. MORLEY, JR. ☐ Change ☒ Addition  
STREET ADDRESS 54 Huntington Rd., Newtown, CT 06

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 800062299028  
CITY-ST-ZIP 12/21/05--01006--002 \*\*\$155.00

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: *James Morley as PR for Estate of Margot Morley*  
*William Morley*

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

Date

Daytime Phone #