

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000069287

1. Entity Name
MARITZ, LLC



Principal Place of Business
**3182 TALA LOOP
LONGWOOD, FL 32779**

Mailing Address
**3182 TALA LOOP
LONGWOOD, FL 32779**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0165114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLUVIOSE, FRITZ DR.
3182 TALA LOOP
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
PLUVIOSE, FRITZ DR.
3182 TALA LOOP
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
PLUVIOSE, MARIE DENISE
3182 TALA LOOP
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000412151
02/10/06-80036-011 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Fritz Pluviose

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

JAN 27, 06

Date

Daytime Phone #