

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000069823

**Entity Name:** PZT ENTERPRISES, LLC

**FILED**  
**Dec 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4820 MAHOGANY RIDGE DRIVE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4820 MAHOGANY RIDGE DRIVE  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 20-1658853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PROCACCI, SUSAN E MGR  
4820 MAHOGANY RIDGE DRIVE  
NAPLES, FL 34119 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: SUSAN PROCACCI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PROCACCI, SUSAN E  
Address: 4820 MAHOGANY RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34119

I hereby 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: SUSAN PROCACCI

MGR

12/14/2012

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