

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90029 032 ****50.00

DOCUMENT # L04000091166

1. Entity Name
TFWEISZ LLC



Principal Place of Business

Mailing Address

Mr. Thomas Weisz
Apt 707
20201 E Country Club Dr
Miami, FL 33180-3278



Mr. Thomas Weisz
Apt 707
20201 E Country Club Dr
Miami, FL 33180-3278

2. Principal Place of Business

3. Mailing Address

20201 E. Country Club Drive
Suite, Apt. #, etc.
707

20201 E. Country Club Drive
Suite, Apt. #, etc.
707

City & State

City & State

Aventura, Florida

Aventura, Florida

Zip
33180

Country
Dade

Zip
33180

Country
Dade

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2025300

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

LEGALZOOM NEVADA, INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEISZ, THOMAS
3500 MYSTIC POINT DR, #3101
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
20201 E. Country Club Drive, #707
Aventura, FL 33180 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

4/13/06 305987-4729

Date Daytime Phone #