

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90055 001 ****50.00
07-11-2007 90055 002 *****5.00

DOCUMENT # L05000037745

1. Entity Name
FLZ LLC



Principal Place of Business
3900 HOLLYWOOD BLVD.
103
HOLLYWOOD, FL 33021

Mailing Address
3900 HOLLYWOOD BLVD.
103
HOLLYWOOD, FL 33021

30011659



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0579633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDER, LAWRENCE H
3900 HOLLYWOOD BLVD.
103
HOLLYWOOD, FL 33021

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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 agent not applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/07
DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FEDER, LAWRENCE H TRUSTEE
3900 HOLLYWOOD BLVD, # 103
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KATZ, ZENA
3900 HOLLYWOOD BLVD SUITE 103
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KATZ, FAY
3900 HOLLYWOOD BLVD SUITE 103
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

7/2/07
Date

954 962 5571
Daytime Phone #