

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90022 031 \*\*\*138.75

**DOCUMENT # L05000059500**

1. Entity Name  
**DCZ INVESTMENTS, LLC**



Principal Place of Business

**13717 WILKES DRIVE  
TAMPA, FL 33618 US**

Mailing Address

**13717 WILKES DRIVE  
TAMPA, FL 33618 US**

**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZAHM, DOUGLAS C  
13717 WILKES DRIVE  
TAMPA, FL 33618**

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

*1/7/08*

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ZAHM, DOUGLAS C  
13717 WILKES DRIVE  
TAMPA, FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ZAHM, LUCINDA K  
13717 WILKES DRIVE  
TAMPA, FL 33618**

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

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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]*

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

Date

*1/7/08*

Daytime Phone #