

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074486

Entity Name: MSZ, LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD.
140
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD.
140
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 20-3272088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGAIN, CHRISTOPHER G
27499 RIVERVIEW CENTER BLVD.
140
BONITA SPRINGS, FL 34134 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHNEIDER, HERMANN
Address: 27499 RIVERVIEW CENTER BLVD., #140
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete
Name: ZIMMERMAN, WILLIAM
Address: 27499 RIVERVIEW CENTER BLVD., #140
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete
Name: MAJEWSKI, RUSSELL
Address: 27499 RIVERVIEW CENTER BLVD., #140
City-St-Zip: BONITA SPRINGS, FL 34134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RUSS MAJEWSKI

PRES

04/20/2006

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