


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90014 016 \*\*\*\*50.00

DOCUMENT # L06000011015					
1. Entity Name <b>TZ, LLC</b>					
Principal Place of Business <b>450 ALTON ROAD UNIT 1805 MIAMI BEACH, FL 33139</b>			Mailing Address <b>450 ALTON ROAD UNIT 1805 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-4273260</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TEMPKINS, HARRY 420 LINCOLN ROAD SUITE 244 MIAMI BEACH, FL 33139</b>			Name <b>Bryan Grosman</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 Ravenswood Rd.</b> City <b>Dania Beach</b> <b>FL</b> Zip Code <b>33312</b>		
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 <i>Bryan Grosman</i>		<i>[Signature]</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>7/10/07</b>	
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TZOUGRAKIS, JOSEPH 450 ALTON ROAD, UNIT 1805 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM TZOUGRAKIS, NICOLE 450 ALTON ROAD, UNIT 1805 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Nicole Tzougrakis</i>		<i>Nicole Tzougrakis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>7/9/07</b> Daytime Phone # <b>786-210-5568</b>	