2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-22-2007 90278 012 ****50.00

DOCUMENT # L06000045193

1. Entity Name

AMZA PROFESSIONAL CENTER, LLC

Principal Place of Business	Mailing Address
1214 MARINER BLVD SPRING HILL FL 34609 US	P.O. BOX 11188 SPRING HILL FL 34610 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1214 Mariner BLVD	1214 Mariner BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Spring Hill, FL
Zip: 34609 Country: USA	Zip: 34609 Country: USA

4. FEI Number: 20-4831771 ☐ 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
HASHEMIAN, MICHAEL M 1214 MARINER BLVD. SPRING HILL FL 34609	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASHEMIAN, MICHAEL M 1214 MARINER BLVD SPRING HILL FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M. Hashem Mgr 2/10/07 352-688-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #