2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State
05-21-2007 90364 036 ****50.00

DOCUMENT # L06000084381

1. Entity Name

AZ ONE 100 LLC

Principal Place of Business	Mailing Address
3801 SOUTH OCEAN DRIVE #12 R HOLLYWOOD FL 33019 US	3801 SOUTH OCEAN DRIVE #12 R HOLLYWOOD FL 33019 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address Same
Suite, Apt. #, etc. 12 R, 3801 S. OCEAN DR.	Suite, Apt. #, etc.
City & State HOLLYWOOD, FL.	City & State
Zip 33019 Country USA	Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-5446723 ☐ 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
ZHUK, ARKADY 3801 SOUTH OCEAN DR # 12 R HOLLY WOOD FL 33019	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 ZHUK, ARKADY 3801 SOUTH OCEAN DRIVE # 12 R HOLLY WOOD FL 33019	☐ 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: [signature] 05.01.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 3056[illegible]