

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000028511

Entity Name: MAUROZ LLC

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7412 SADE ST  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7412 SADE ST  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 20-8640927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, MAURICE  
7412 SADE ST  
TAMPA, FL 33615 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: MGRM  
Name: LEWIS, MAURICE  
Address: 7412 SADE ST  
City-St-Zip: TAMPA, FL 33615

Title: MGRM  
Name: LEWIS, ROSALYNN  
Address: 7412 SADE ST  
City-St-Zip: TAMPA, FL 33615

I hereby 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: MAURICE LEWIS

MGRM

03/24/2010

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