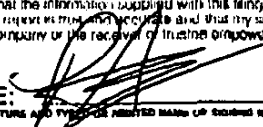


FILED
Aug 26, 2008 8:00 am
Secretary of State

07-11-2008 90066 019 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000028595			
1. Entity Name AZAR & CO INTERNET SERVICES LLC			
Principal Place of Business 27 EAST 7TH ST. JACKSONVILLE, FL 32206		Mailing Address 27 EAST 7TH ST. JACKSONVILLE, FL 32206	
2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ New Applicant	
5. Certificate or Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AZAR, PHILLIP 27 E. 7TH ST. JACKSONVILLE, FL 32206		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 of Registered Agent or ☐ Signature of Agent Authorized to Accept Service of Process			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	MGRM AZAR, PHILLIP 27 EAST 7TH ST. JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	MGRM AZAR, ROBERT J 2307 AUBURN AVE. ATCO, NJ 08004	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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 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. 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: 		79-08 904-758-2354 Date: 8/26/08	