

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043641

Entity Name: O. Z. N DA DEACON, LLC

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

929 LONGDALE AVE.  
ST. 101  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

929 LONGDALE AVE.  
ST. 101  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 33-1217617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KISHASHA, SHARPE ESQ  
180 NW 183 STREET  
117  
MIAMI, FLORIDA, FL 33179 US

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

KHORRAMIAN, AZAD  
2044 ALAQUA DR.  
LONGWOOD, FL 32779 US

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: AZAD KHORRAMIAN

04/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KHORRAMIAN, AZAD  
Address: 2044 ALAQUA DR  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: ARCHIE, ONRIQUE  
Address: 1811 LOCHSHYRE LOOP  
City-St-Zip: OCOEE, FL 34761

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: AZAD KHORRAMIAN

MGMR

04/16/2010

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