


2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 2010 APR 15 AM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L07000072755

1. Entity Name
SZR, LLC



Principal Place of Business
**18146 SOUTH PETOSKEY CIRCLE
 PORT CHARLOTTE, FL 33948**

Mailing Address
**18146 SOUTH PETOSKEY CIRCLE
 PORT CHARLOTTE, FL 33948**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



2010
 0110288 Chg-LLC CR2E083 (12/R...)

4. FEI Number
13-4364033

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

**RHODES, ZOFIA
 18146 SOUTH PETOSKEY CIRCLE
 PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Register an Agent by statute exception when retaking)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2010 Fee will be \$538.75**

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODES, ZOFIA 18146 SOUTH PETOSKEY CIRCLE PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**600175655696
 04/14/10--01002--017 ***138.75**

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; 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 609, Florida Statutes.

SIGNATURE: *Zofia Rhodes* **3-1-10 941-6617120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Da. Daytime Phone #