## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094385

Entity Name: AMZA II, LLC

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

591 N LECANTO HWY LECANTO, FL 34461

Current Mailing Address: New Mailing Address:

P.O. BOX 11188 SPRING HILL, FL 34610

FEI Number: 26-1448264 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HASHEMIAN, MICHAEL M
1214 MARINER BLVD
591 N LECANTO HWY
SPRING HILL, FL 34609 US
LECANTO, FL 34461 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: MICHAEL HASHEMIAN 03/30/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HASHEMIAN, MICHAEL M
Address: 1214 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: SECR () Delete
Name: MARY, HASHEMIAN
Address: 1214 MARINER BLVD

SPRING HILL, FL 34609

City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HASHEMIAN MICHAEL M

Name: HASHEMIAN, MICHAEL M Address: 591 N LECANTO HWY City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES:

Title: SECR (X) Change ( ) Addition

Name: MARY, HASHEMIAN
Address: 591 N LECANTO HWY
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: M H MNGR 03/30/2009