

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000034144

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Entity Name:** ANZAR ENTERPRISES, LLC

**Current Principal Place of Business:**

4351 NW 50 DRIVE  
APT 101  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

4351 NW 50 DRIVE  
APT 101  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

P.O. BOX 748  
HIGH SPRINGS, FL 32655 US

**FEI Number:** 26-2321748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MAHMOOD, RAZA S  
4351 NW 50 DRIVE  
APT 101  
GAINESVILLE, FL 32606 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:** RAZA MAHMOOD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MAHMOOD, RAZA S  
**Address:** 4351 NW 50 DRIVE - APT 101  
**City-St-Zip:** GAINESVILLE, FL 32606 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** RAZA MAHMOOD

MGRM

10/12/2009

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