

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034144

**FILED**  
**Feb 18, 2010**  
**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:**

9200 NW 39TH AVENUE  
SUITE 130-113  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

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

**New Mailing Address:**

9200 NW 39TH AVENUE  
SUITE 130-113  
GAINESVILLE, FL 32606 US

**FEI Number:** 26-2321748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

MAHMOOD, RAZA S MGRM  
9200 NW 39TH AVENUE  
SUITE 130-113  
GAINESVILLE, FL 32606 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: RAZA MAHMOOD

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAHMOOD, RAZA S  
Address: 9200 NW 39TH AVENUE, SUITE 130-113  
City-St-Zip: GAINESVILLE, FL 32606 US

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: RAZA MAHMOOD

MGRM

02/18/2010

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