

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054293

Entity Name: LAMZ, LLC

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

7863 FORESTAY DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7863 FORESTAY DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 26-2736690 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:

MOHL, MICHAEL
7863 FORESTAY DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

MOHL, MICHAEL CEO
7863 FORESTAY DRIVE
LAKE WORTH, FL 33467 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 MOHL

05/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOHL, LEANN
Address: 7863 FORESTAY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: MOHL, MICHAEL
Address: 7863 FORESTAY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOHL, LEANN PRES
Address: 7863 FORESTAY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM (X) Change () Addition
Name: MOHL, MICHAEL CEO
Address: 7863 FORESTAY DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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: MICHAEL MOHL

CEO

05/26/2009

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