

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090906

Entity Name: CZS II, LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

967 SMOKERISE BLVD  
PORT ORANGE, FL 321277956

**New Principal Place of Business:**

**Current Mailing Address:**

967 SMOKERISE BLVD  
PORT ORANGE, FL 321277956

**New Mailing Address:**

FEI Number: 26-3427346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEYBOLD, O.H.  
967 SMOKERISE BLVD  
PORT ORANGE, FL 321277956 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SEYBOLD, O.H.  
Address: 967 SMOKERISE BLVD  
City-St-Zip: PORT ORANGE, FL 321277956

Title: MGR  
Name: SEYBOLD, KAY A  
Address: 967 SMOKERISE BLVD  
City-St-Zip: PORT ORANGE, FL 321277956

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: O H SEYBOLD

MGR

04/18/2012

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