

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000056753

Entity Name: N&S MAZURE, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

633 N KROME AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

633 N KROME AVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MAZURE, PAOLA  
633 N KROME AVE  
HOMESTEAD, FL 33030 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: MGRM  
Name: MAZURE, PAOLA  
Address: 26550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: MGRM  
Name: MAZURE, PHILIPPE  
Address: 26550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33031

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: PAOLA MAZURE

MGR

04/29/2011

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