

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000118829

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** CAAZ, LLC

**Current Principal Place of Business:**

6604 CAMDEN BAY DRIVE  
APT 308  
TAMPA, FL 33634

**New Principal Place of Business:**

3472 SOUTH WINDING PATH  
INVERNESS, FL 34450

**Current Mailing Address:**

6604 CAMDEN BAY DRIVE  
APT 308  
TAMPA, FL 33634

**New Mailing Address:**

3472 SOUTH WINDING PATH  
INVERNESS, FL 34450

**FEI Number:** 45-3574951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAGONA CHINCHAR, CAROL  
6604 CAMDEN BAY DRIVE  
APT 308  
TAMPA, FL 33634 US

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

ARAGONA CHINCHAR, CAROL  
3472 SOUTH WINDING PATH  
INVERNESS, FL 34450 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ARAGONA CHINCHAR, CAROL  
Address: 3472 SOUTH WINDING PATH  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM  
Name: ARAGONA, CARMEN  
Address: 392 NW FERRIS DR  
City-St-Zip: PORT ST LUCIE, FL 34983

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: CAROL ARAGONA CHINCHAR

MGR

04/28/2012

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