

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000071126 1. Entity Name PAZAAZ LLC						15 SEP 28 PM 12:39 SEP 28 2015 12:39 PM	
Principal Place of Business 752 FOREST CIRCLE N. HAVANA, FL 32333				Mailing Address 752 FOREST CIRCLE N. HAVANA, FL 32333			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent IMANI, SHABAKA-RA 752 FOREST CIRCLE N. HAVANA, FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>9/28/15</u>			
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM IMANI, SHABAKA-RA 752 FOREST CIRCLE N. HAVANA, FL 32333			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500277501785 09/28/15--01024--005 **238.75		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u> SIGNATURE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>9/28/15</u> E-MAIL ADDRESS			