

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90201 014 ****50.00

DOCUMENT # M02000001441

1. Entity Name
AZZ-VENTURES LLC



Principal Place of Business
**14683 BRADDOCK OAK DR.
ORLANDO, FL 32837**

Mailing Address
**14683 BRADDOCK OAK DR.
ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



01192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
27-0011604

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AZZOPARDI, EDWARD
14683 BRADDOCK OAK DR.
ORLANDO, FL 32837**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AZZOPARDI, EDWARD P GM
14683 BRADDOCK OAK DR.
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AZZOPARDI, EDITH MKT
14683 BRADDOCK OAK DR.
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/08/06

Date

407-859-9222

Daytime Phone #