

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003435

Entity Name: FLORIDAZE LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

76 NUTMEG LANE
STAMFORD, CT 06905

New Principal Place of Business:

Current Mailing Address:

76 NUTMEG LANE
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 65-1205073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 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 () Delete
Name: PRATT, SHARON
Address: 76 NUTMEG LANE
City-St-Zip: STAMFORD, CT 06905

Title: MGRM () Delete
Name: PRATT, DOUGLAS
Address: 76 NUTMEG LANE
City-St-Zip: STAMFORD, CT 06905

Title: MGRM () Delete
Name: TINARI, EUGENE
Address: 109 MAGNOLIA CRT.
City-St-Zip: CHESTER SPRINGS, PA 19425

Title: MGRM () Delete
Name: TINARI, SUZANNE
Address: 109 MAGNOLIA CRT.
City-St-Zip: CHESTER SPRINGS, PA 19425

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHARON PRATT

MRS

04/14/2009

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