

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003435

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** FLORIDAZE LLC

**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  
**Name:** PRATT, SHARON  
**Address:** 76 NUTMEG LANE  
**City-St-Zip:** STAMFORD, CT 06905

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

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

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

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:** SHARON PRATT

MGMR

02/06/2012

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