

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001838

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** LZBFG OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

850 INTERNATIONAL PARKWAY  
SUNRISE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

1284 NORTH TELEGRAPH ROAD  
MONROE, MI 48162

**New Mailing Address:**

**FEI Number:** 25-1913563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CEO  
**Name:** DARROW, KURT L  
**Address:** 1284 NORTH TELEGRAPH ROAD  
**City-St-Zip:** MONROE, MI 48162

**Title:** CFO  
**Name:** RICCIO, JR., LOUIS M  
**Address:** 1284 N. TELEGRAPH RD.  
**City-St-Zip:** MONROE, MI 48162

**Title:** SEC  
**Name:** KLARR, JAMES P  
**Address:** 1284 NORTH TELEGRAPH ROAD  
**City-St-Zip:** MONROE, MI 48162

**Title:** PRES  
**Name:** BACON, SR., MARK S  
**Address:** 1284 NORTH TELEGRAPH ROAD  
**City-St-Zip:** MONROE, MI 48162 US

**Title:** TREA  
**Name:** RICCIO, LOUIS M JR  
**Address:** 1284 N. TELEGRAPH ROAD  
**City-St-Zip:** MONROE, MI 48162 US

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:** JAMES P. KLARR

SEC

04/28/2010

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