

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001442

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** PAUL D. SONZ PARTNERS, LLC

**Current Principal Place of Business:**

201 BLUFF VIEW DRIVE  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2840 WEST BAY DRIVE  
#144  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

**FEI Number:** 71-1042324      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SONZ, PAUL D  
2840 WEST BAY DRIVE  
#144  
BELLEAIR BLUFFS, FL 33770 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:** MGR  
**Name:** SONZ, PAUL D  
**Address:** 2840 WEST BAY DRIVE, #144  
**City-St-Zip:** BELLEAIR BLUFFS, FL 33770

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: PAUL D. SONZ

MMBR

04/10/2012

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