

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034758

**Entity Name:** AZAR COMPANY INTERNET SERVICES, LLC

**Current Principal Place of Business:**

719 E UNION ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

719 E UNION ST  
JACKSONVILLE, FL 32206

**FEI Number:** 20-8668440

**Certificate of Status Desired:** No

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

AZAR, PHILIP P  
4305 GADSDEN COURT.  
JACKSONVILLE, FL 32207 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name AZAR, PHILIP  
Address 4305 GASDEN COURT  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name AZAR, JOHN C  
Address 7054 SNOWY CANYON DRIVE #107  
City-State-Zip: JACKSONVILLE FL 32257

Title MANAGER  
Name HICKS, DENO  
Address 1353 WINDSOR HARBOR DR  
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGER  
Name HICKS, ANTHONY  
Address 2291 OCEANSIDE COURT  
City-State-Zip: ATLANTIC BEACH FL 32233

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP AZAR

**PRESIDENT**

**03/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date