

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000082466

**Entity Name:** CONZAM, LLC

**Current Principal Place of Business:**

9141 ALFRED BLVD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

P O BOX 512310  
PUNTA GORDA, FL 33951 US

**FEI Number:** 27-0812850

**Certificate of Status Desired:** No

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

KIRKMAN, R K  
9141 ALFRED BLV  
PUNTA GORDA, FL 33982 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 KIRKMAN, RAYMOND K  
Address POSTOFFICEBOX 512310  
City-State-Zip: PUNTA GORDA FL 33951

Title MGRM  
Name DOUG , BUCKNER  
Address 11 BUCKHILL DR.  
City-State-Zip: NOXON MT 59853

Title MGMR  
Name MARIENAU, WALLY W  
Address 9059 SWISS BLVD  
City-State-Zip: PUNTA GORDA FL 33982

*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:** KIRKMAN , RAYMOND K

**REGISTERED AGENT**

**06/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date