

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127713

**Entity Name:** MUZA, L.L.C.

**Current Principal Place of Business:**

429 ROVINO AVE.  
CORAL GABLES, FL 33156

**Current Mailing Address:**

429 ROVINO AVE.  
CORAL GABLES, FL 33156

**FEI Number:** 45-3774929

**Certificate of Status Desired:** No

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

ISSAKOVITCH, LIOUDMILA  
429 ROVINO AVE.  
CORAL GABLES, FL 33156 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 MGRM  
Name VALERII LEONTIVE TRUST  
Address 429 ROVINO AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title MGRM  
Name LIOUDMILA ISSAKOVITCH TRUST  
Address 429 ROVINO AVE.  
City-State-Zip: CORAL GABLES FL 33156

*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:** LIOUDMILA ISSAKOVITCH

MUZA.LLC

01/08/2014

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

\_\_\_\_\_ Date