

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000124306

**Entity Name:** A|Z, LLC

**Current Principal Place of Business:**

4926 W. BAY WAY PL  
TAMPA, FL, FL 33629

**Current Mailing Address:**

4926 W. BAY WAY PL  
TAMPA, FL, FL 33629 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ASSAD, ELIZABETH M  
4926 W BAY WAY PL  
TAMPA, FL 33629 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	Title	MGR
Name	ASSAD, ELIZABETH	Name	ZARIFA, MARIAM
Address	4926 W BAY WAY PL	Address	1190 E WASHINGTON ST #729
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33602

*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:** ELIZABETH ASSAD

**MGR**

**01/11/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date