

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000234425

**Entity Name:** DR VAZ LLC

**Current Principal Place of Business:**

2423 W. BAYSHORE RD  
GULF BREEZE, FL, FL 32563

**Current Mailing Address:**

2423 W. BAYSHORE RD  
GULF BREEZE, FL, FL 32563 US

**FEI Number:** 99-3279342

**Certificate of Status Desired:** No

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

VAZ, NUTAN J  
2423 W. BAYSHORE RD  
GULF BREEZE, FL, FL 32563 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 VAZ, NUTAN J  
Address 2423 W. BAYSHORE RD  
City-State-Zip: GULF BREEZE FL 32563

*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:** NUTAN VAZ

MD

04/06/2025

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

\_\_\_\_\_  
Date