


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000065156 1. Entity Name ZENAHIR CURE LLC	
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Principal Place of Business 10800 NW 82 TERR UNIT #1 DORAL, FL 33178	Mailing Address 10800 NW 82 TERR UNIT #1 DORAL, FL 33178
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5127503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CURE, ZENAHIR
 10800 NW 82 TERR UNIT #1
 DORAL, FL 33178

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURE, ZENAHIR 10800 NW 82 TERR UNIT #1 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATINO, ZENDIE 10800 NW 82 TERR UNIT #1 DORAL, FL 33178
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 04/24/08-80027-002 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Zenahir Cure* Date: *04-11-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #