

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000033958

FILED
Feb 28, 2011
Secretary of State

Entity Name: ZOMBIE-APOCALYPSE LLC

Current Principal Place of Business:

6801 WILKOW DRIVE APT. N 308
ORLANDO, FL 32821

New Principal Place of Business:

2814 N 46TH AVE
APT 477
HOLLYWOOD, FL 33021 UN

Current Mailing Address:

6801 WILKOW DRIVE APT. N 308
ORLANDO, FL 32821

New Mailing Address:

2814 N 46TH AVE
APT 477
HOLLYWOOD, FL 33021 UN

FEI Number: 27-2285673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, SHIVON
6801 WILKOW DRIVE APT. N 308
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

ACOSTA, SHIVON
2814 N 46TH AVE
APT 477
HOLLYWOOD, FL 33021 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: SHIVON ACOSTA

02/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ACOSTA, SHIVON
Address: 2814 N 46TH AVE APT 477
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM
Name: CHAMLEE, MATTHEW
Address: 2814 N 46TH AVE APT 477
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHIVON ACOSTA

MGRM

02/28/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date