

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074370

Entity Name: ZENALANI LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

313 DIRKSEN AVE BUILDING D STE K
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

313 DIRKSEN AVE BUILDING D STE K
DEBARY, FL 32713

New Mailing Address:

FEI Number: 11-2999420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINE, NALANI DR
2713 W COVINGTON DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALENTINE, NALANI DR
Address: 2713 W COVINGTON DRIVE
City-St-Zip: DELTONA, FL 32738

Title: MGR () Delete
Name: THE ZENALANI EXPERIE, NCE
Address: 313 DIRKSEN DR - BLDG D STE K
City-St-Zip: DEBARY, FL 32713

Title: MGR () Delete
Name: ZENALANI WHOLISTIC R, ETREAT
Address: 313 DIRKSEN DR - BLDG D STE K
City-St-Zip: DEBARY, FL 32713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALENTINE, NALANI DR
Address: 2713 W COVINGTON DRIVE
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ZENALANI PRIVATE SPA,
Address: 313 DIRKSEN DR- BLDG D STE K
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DR. NALANI VALENTINE

MGRM

02/05/2009

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