

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080347

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** SON OF ZION SERVICES LLC

**Current Principal Place of Business:**

6202 SHELDON RD  
505  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6202 SHELDON RD  
505  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 27-3153224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARAUJO, RAQUEL C MRS  
6202 SHELDON RD  
505  
TAMPA, FL 33615 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:** MGRM  
**Name:** ARAUJO, RAQUEL C MRS  
**Address:** 6202 SHELDON RD APT 505  
**City-St-Zip:** TAMPA, FL 33615

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: RAQUEL C ARAUJO

MGRM

04/23/2011

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