

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110300

**Entity Name:** ZAMPINI CONSULTING SERVICE, LLC.

**Current Principal Place of Business:**

899 SUNFLOWER CIR  
WESTON, FL 33327

**Current Mailing Address:**

899 SUNFLOWER CIR  
WESTON, FL 33327 US

**FEI Number: 27-1317094**

**Certificate of Status Desired: No**

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

SILVAS FINANCIAL SERVICES LLC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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	MGRM	Title	MGR
Name	ZAMPINI, CESARE	Name	ZAMPINI, SONIA E
Address	899 SUNFLOWER CIR	Address	899 SUNFLOWER CIR
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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: CESARE ZAMPINI**

**MGRM**

**04/11/2015**

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

\_\_\_\_\_  
Date