

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000080347

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

**Current Principal Place of Business:**

6202 SHELDON RD  
505  
TAMPA, FL 33615

**Current Mailing Address:**

6202 SHELDON RD  
505  
TAMPA, FL 33615

**FEI Number:** 27-3153224

**Certificate of Status Desired:** No

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

ARAUJO, RAQUEL CMRS  
6202 SHELDON RD  
505  
TAMPA, FL 33615 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  
Name ARAUJO, RAQUEL CMRS  
Address 6202 SHELDON RD APT 505  
City-State-Zip: TAMPA FL 33615

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RAQUEL ARAUJO

**OWNER**

**04/27/2013**

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

\_\_\_\_\_  
Date