

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000025084

**Entity Name:** ZENITE ENTERPRISE, LLC

**Current Principal Place of Business:**

8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819

**Current Mailing Address:**

8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 US

**FEI Number:** 61-1730392

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES  
8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 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 AMBR  
Name MIOTTO, CIRIO  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name ZANCHET MIOTTO, ROSA MARIA  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name MIOTTO, GIULIANO Z  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name MIOTTO CASTRO, MICHELINE Z  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name MIOTTO, CIRO ZANCHET  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

*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:** MIOTTO , CIRIO

AMBR

02/26/2015

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

\_\_\_\_\_  
Date