

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90080 007 \*\*\*\*50.00

**DOCUMENT #** L-7176

**1. Entity Name** Zencos Holdings, LLC

**DO NOT WRITE IN THIS SPACE**

909444

**2. Principal Place of Business**  
1251 NW Maynard Rd.

**3. Mailing Address**  
1251 NW Maynard Rd.

Suite, Apt. #, etc.  
Suite 347

Suite, Apt. #, etc.  
Suite 347

**City & State**  
Cary, NC

**City & State**  
Cary, NC

**Zip**  
27513

**Country**  
U.S.

**Zip**  
27513

**Country**  
U.S.

**4. FEI Number**  
65-1017544

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
David M. Jeffries, Esq.

**Street Address (P.O. Box Number is Not Acceptable)**  
101 E. Kennedy Blvd., Suite 1030

**City** Tampa **FL** **Zip Code** 33602

**8. 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:** *David M. Jeffries*

*1/16/02*  
**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
Manager  
Joseph Costanzo  
1251 NW Maynard Rd.  
Cary, NC 27513

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
Manager  
Benjamin Zenick  
1251 NW Maynard Rd.  
Cary, NC 27513

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**CITY-ST-ZIP**

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *David M. Jeffries* **AUTHORIZED REPRESENTATIVE**

*1/16/02*  
**DATE**

*813.229.8008*  
**DAYTIME PHONE #**

CR2E083B (12/01)