2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004364

1. Entity Name
ZERO CAVITY, LLC

Principal Place of Business	Mailing Address
1000 9TH ST N STE 502 P.O. BOX 2391 NAPLES, FL 34106	1000 9TH ST N STE 502 P.O. BOX 2391 NAPLES, FL 34106

DO NOT WRITE IN THIS SPACE

03032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3709436 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
1000 9TH ST N STE 502
NAPLES, FL 34102

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SANTIAGO, GERARDO
STREET ADDRESS	2590 WINDWARD WAY
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	SANTIAGO, GERARDO
STREET ADDRESS	2590 WINDWARD WAY
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	S
NAME	SANTIAGO, GERARDO
STREET ADDRESS	2590 WINDWARD WAY
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	T
NAME	GERARDO, SANTIAGO
STREET ADDRESS	2590 WINDWARD WAY
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80081-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #