

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000014037

1. Entity Name  
ZANDRA, LLC



Principal Place of Business  
VINCENT ZARRELLA  
12130 NW 7TH STREET  
PLANTATION, FL 33325

Mailing Address  
VINCENT ZARRELLA  
12130 NW 7TH STREET  
PLANTATION, FL 33325



02222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4194975

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

ZARRELLA, VINCENT  
12130 NW 7TH STREET  
PLANTATION, FL 33325

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ZARELLA, VINCENT  
12130 NW 7TH ST  
PLANTATION, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ZARELLA, KALEROI  
12130 NW 7TH ST  
FORT LAUDERDALE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000242503  
02/25/05-80002-008 50.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/23/05