

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90165 010 ****55.00

DOCUMENT # L01000022705

1. Entity Name

Z DESIGN IMPORTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3260 NW 23rd Ave

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

same

City & State
Pompano Beach FL

City & State

4. FEI Number

26-0002206

Applied For

Not Applicable

Zip
33069

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Melinda Cohen

Street Address (P.O. Box Number is Not Acceptable)

5806 NW 125 Terrace

Coral Springs, FL 33076

City

FL

Zip Code

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

4-12-02

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

MGRM
Melinda Cohen
5806 NW 125 Terrace
Coral Springs, FL 33076

TITLE
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CITY-ST-ZIP

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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:

Melinda Cohen

4-12-02 954-969-5255

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

Date

Daytime Phone #

CR2E083B (12/01)