

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90082 002 \*\*\*\*50.00

**DOCUMENT # L02000003802**

1. Entity Name  
**ZZONE GALLERY, LLC**



Principal Place of Business  
**1808 N. RIDGEWOOD AVENUE, UNIT A  
HOLLY HILL FL 32114**

Mailing Address  
**1808 N. RIDGEWOOD AVENUE, UNIT A  
HOLLY HILL FL 32114**

**44001953**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**02-0547752**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAVALUZZI, CRAIG JOHN  
1808 N. RIDGEWOOD AVENUE, UNIT A  
HOLLY HILL FL 32114**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.17.03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PARTNER**  
NAME **Craig Cavaluzzi**  
STREET ADDRESS **above**  
CITY-ST-ZIP **MORRIS**

☐ Delete

☐ Change

☐ Addition

TITLE **Mr. Scott Goldy**  
NAME **233 Coventry Ct.**  
STREET ADDRESS **Ormond Beach, FL 32174**  
CITY-ST-ZIP **OR**

☐ Delete

☐ Change

☐ Addition

TITLE **SCOTT GOLDY**  
NAME **233 COVENTRY CT**  
STREET ADDRESS **ORMOND BEACH FL 32174**  
CITY-ST-ZIP **OR**

☐ Delete

☐ Change

☐ Addition

TITLE **MG-RM**  
NAME **SCOTT GOLDY**  
STREET ADDRESS **233 COVENTRY CT**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

☐ Delete

☐ Change

☐ Addition

TITLE **MG-RM**  
NAME **CRAIG CAVALUZZI**  
STREET ADDRESS **1010 N BEACH ST**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

☐ Delete

☐ Change

☐ Addition

TITLE **MG-RM**  
NAME **SCOTT GOLDY**  
STREET ADDRESS **233 COVENTRY CT**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

☐ Delete

☐ Change

☐ Addition

TITLE **MG-RM**  
NAME **CRAIG CAVALUZZI**  
STREET ADDRESS **1010 N BEACH ST**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

☐ Delete

☐ Change

☐ Addition

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]*

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

**4.17.03**

Date

**386-673-0877**

Daytime Phone #

CR2E083 (10/02)