10200000088

(Requestor's Name)
(Address)
(Address)
(1888-825)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: L. SELLERS
L. OLLLENO
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE FI OBIOA

COVER LETTER

n Florida LLC		
SUBJECT: Zenith Florida LLC Name of Limited Liability Company		
,		
Change and fee(s) are submitted for filing.		
natter to the following:		
·····		
on)		
For further information concerning this matter, please call:		
941) 416 6668		
Area Code & Daytime Telephone Number		
MAILING ADDRESS:		
Registration Section		
Division of Corporations P.O. Box 6327		
Tallahassee, Florida 32314		
rananassee, Fiorida 32314		
Tallahassee, Florida 32301 Enclosed is a check for the following amount:		
\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Zenith Florida LLC
2. (a) Principal office address of limited liability company	1237 Waterside Lane
(Note: MUST BE STREET ADDRESS)	Venice, FL 34285
(b) Mailing address of limited liability company:	1237 Waterside Lane
(Note: MAY BE POST OFFICE BOX)	Venice, FL 34285
March 26th 2002	L0200007088
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	·
Registered Agent:	Susan M Simpson
Registered Office Address:	124 W Venice Ave
	Venice FL 34285
NEW Registered Agent: NEW Registered Office Address:	1237 Waterside Lane
(MUST BE FLORIDA STREET ADDRESS)	Venice FL34285
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member S Simpson Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
address, I hereby confirm that the limited liability company Signature of Registered Agent	v has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00