2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029109

1. Entity Name
ZEONICA L.L.C.

FILED
03 JUL 24 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1114 E. JOHN SIMS PARKWAY #193
NICEVILLE, FL 32578

Mailing Address
1114 E. JOHN SIMS PARKWAY #193
NICEVILLE, FL 32578

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1114 E. John Sims Pkwy		1114 E. John Sims Pkwy	
Suite, Apt. #, etc. 193		Suite, Apt. #, etc. 193	
City & State: Niceville, FL		City & State: Niceville, FL	
Zip: 32578	Country: USA	Zip: 32578	Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAVIS, SELENA
1114 E. JOHN SIMS PARKWAY #193
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM F. David de Rox 1114 E. John Sims Pkwy #193 Niceville, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900019319989 05/19/03--01060--001 **50.00
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CR2E083 (10/02)

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: Selena Chavis   5-14-03   850-729-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #