

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/12/

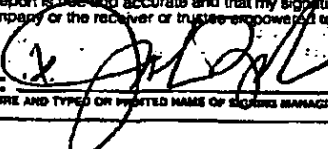
FILED
Jun 07, 2004 8:00 am
Secretary of State

04-12-2004 90032 027 ****50.00

34008227



MOORE CR2E083 (11/03)

DOCUMENT # L03000014878					
1. Entity Name JZ CONSULTING, LLC					
Principal Place of Business JOSEPH ZAPPALA 7227 CLINT MOORE RD. BOCA RATON FL 33496			Mailing Address JOSEPH ZAPPALA 7227 CLINT MOORE RD. BOCA RATON FL 33496		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FFL Number 27-0056211	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 the registered agent.					
SIGNATURE _____ DATE _____					
(NOTE: Registered Agent signature required when re-submitting)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 11, 2004					
9. MANAGING MEMBER/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	10. ADDITIONS/CHANGES	
	JOSEPH ZAPPALA	7227 CLINT MOORE RD.	BOCA RATON, FL 33496	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ 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)(b), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					