

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90353 015 ****50.00

DOCUMENT # L03000020045

1. Entity Name

ZHM, LLC



Principal Place of Business

448 SEA DUCK DRIVE
DAYTONA BEACH FL 32119

Mailing Address

448 SEA DUCK DRIVE
DAYTONA BEACH FL 32119

2. Principal Place of Business

1690 DUNLAWTON AVE # 210

3. Mailing Address

2119 SPRINGWATER LN

Suite, Apt. #, etc.

PORT ORANGE FL

Suite, Apt. #, etc.

PORT ORANGE FL

City & State

City & State

PORT ORANGE FL

Zip

32127

Country

USA

Zip

32128

Country

USA

4. FEI Number

20-0029276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZULFIQAR, HASSAN
448 SEA DUCK DRIVE
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name ZULFIQAR, HASSAN

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

2119 SPRINGWATER LN

City PORT ORANGE

FL

Zip Code
32128

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ZULFIQAR, HASSAN
STREET ADDRESS 448 SEA DUCK DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ZULFIQAR, HASSAN
STREET ADDRESS 2119 SPRINGWATER LN
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Hassan Zulficar* HASSAN ZULFIQAR

3/10/05 (386) 871 7879

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

Date

Daytime Phone #