

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031850

FILED
Apr 04, 2009
Secretary of State

Entity Name: ZABOLD ENTERPRISES, LLC.

Current Principal Place of Business:

3843 FALCON RIDGE CIRCLE
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

3843 FALCON RIDGE CIRCLE
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-0180332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZABARDI, PATRICIA L
3843 FALCON RIDGE CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZABARDI, PATRICIA L
Address: 3843 FALCON RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: ZABARDI, ANDREA
Address: 3843 FALCON RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: MORALES, LUZ A
Address: 17411 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA ZABARDI

MGRM

04/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date