

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000047720

Entity Name: ZAIS ASSOCIATES LLC

**FILED**  
**Oct 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

FLORIDA HOSPITAL  
61 MEMORIAL PARKWAY  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

74 COQUINA RIDGE WAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

1515 RIDGEWOOD AVE  
A  
HOLLY HILL, FL 32117

FEI Number: 20-0423053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LOGUIDICE, JOE  
1515 RIDGEWOOD AVENUE  
A  
HOLLY HILL, FL 32117 US

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: JOE LOGUIDICE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KAKEZAI, NOREEN  
Address: 74 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

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: NOREEN KAKEZAI

MGR

10/05/2007

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