

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050884	
1. Entity Name ZINDU, LLC	

Principal Place of Business 13824 LILY PAD CIRCLE FORT MYERS, FL 33907 US	Mailing Address 13824 LILY PAD CIRCLE FORT MYERS, FL 33907 US
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DO NOT WRITE IN THIS SPACE

04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1612135	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD.
SUITE 103
BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000314557
04/18/05-80170-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORZIG, FRANK J 13824 LILY PAD CIRCLE FORT MYERS, FL 33907
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank J. Porzig Frank J Porzig 4/15/05 239.778.5132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #