

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90273 011 ****50.00

DOCUMENT # L04000003287

1. Entity Name
ZEST, LLC



Principal Place of Business

16640 DEER PATH LANE
LOXAHATCHEE, FL 33414

Mailing Address

1940 CHEETHAM HILL BLVD.
LOXAHATCHEE, FL 33470-4147

DO NOT WRITE IN THIS SPACE



02112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2430909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLE, CRAIG T ESQ.
11199 POLO CLUB ROAD
WELLINGTON, FL 33414

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASSO, MICHELE M
STREET ADDRESS	16640 DEER PATH LANE
CITY-ST-ZIP	LOXAHATCHEE, FL 334705013

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michele M. Masso

2.9.07

561 333 3000