# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000003287**

1. Entity Name ZEST, LLC



**FILED** Jan 22, 2008 08:00 A Secretary of State

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

01162008 No Chg-LLC

CR2E083 (12/07)

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

Signature, typed or printed name of registered agent and title if applicable

GALLE, CRAIG TESQ. 11199 POLO CLUB ROAD WELLINGTON, FL 33414

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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.

(NOTE: Registered Agent signature required when reinstating)

### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSO, MICHELE M 16640 DEER PATH LANE LOXAHATCHEE, FL 334705013
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U00000791033 01/23/08-80058-002 138.75

DATE

## DO NOT WRITE IN THIS SPACE

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 THEED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE