

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000018623

1. Entity Name  
ZYRMONTARTZ, L.L.C.



Principal Place of Business  
2221 N.E. 39 ST.  
LIGHTHOUSE POINT, FL 33064

Mailing Address  
P.O. BOX 5659  
LIGHTHOUSE POINT, FL 33074-5659



02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN J  
2221 N.E. 39 ST.  
LIGHTHOUSE POINT, FL 33064

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ZYRMONT, ALINKA  
P.O. BOX 5659  
LIGHTHOUSE POINT, FL 330745659

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SULLIVAN, JOHN J  
P.O. BOX 5659  
LIGHTHOUSE POINT, FL 330745659

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LINDSAY, MARGARET  
PO BOX 5659  
LIGHTHOUSE POINT, FL 330745659

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000437974  
02/28/06-80067-014 50.00

**DO NOT WRITE  
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 SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954  
X2-14-06 X782-2463