

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021016

1. Entity Name
ZIPSTYLE USA LLC



Principal Place of Business

**2446 SUCCESS DR
SUITE 5
ODESSA, FL 33556**

Mailing Address

**2446 SUCCESS DR
SUITE 5
ODESSA, FL 33556**

DO NOT WRITE IN THIS SPACE



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3661510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAGER, KEITH
2446 SUCCESS DR
SUITE 5
ODESSA, FL 33556**

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAGER, KEITH
12542 ECLIPSE COURT
NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAGER, DIANA
412542 ECLIPSE COURT
NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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06/22/07-80001-017 50.00

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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

5-1-07

Date

Daytime Phone #