

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90272 017 \*\*\*138.75

**DOCUMENT # L04000030547**

1. Entity Name  
**ZDJW PROPERTIES, LLC**



Principal Place of Business  
**11228 ST. JOHNS INDUSTRIAL PARKWAY  
JACKSONVILLE, FL 32246**

Mailing Address  
**P O BOX 1472  
PALM HARBOR, FL 34682**

**DO NOT WRITE IN THIS SPACE**

02252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-1028572**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DICAMILLO, ROBERT J  
3601 ALTERNATE 19  
PALM HARBOR, FL 34683**

**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 \_\_\_\_\_

**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  
**MGR  
ZITIELLO, THOMAS L  
8152 SEVEN MILE DRIVE  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
DICAMILLO, ROBERT J  
2892 CYPRESS POINTE COURT  
TARPON SPRINGS, FL 34688**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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

**ROBERT DICAMILLO**

**4-1-08**

Date

Daytime Phone #

**727-785-7274**