

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000041898

1. Entity Name
ZERPA & ASSOCIATES, LLC



Principal Place of Business
**14342 SW 101 LANE
MIAMI, FL 33186**

Mailing Address
**14342 SW 101 LANE
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
51-0509794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZERPA, ARELYS
14342 SW 101 LANE
MIAMI, FL 33186**

**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**

U00000952787
06/05/08-80003-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZERPA, ARELYS 14342 SW 101 LANE MIAMI, FL 33186
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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

5/30/08

Date

786 3388 999

Daytime Phone #