

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90029 030 \*\*\*\*50.00

DOCUMENT # L04000042007

1. Entity Name  
ZSOLT KOVACS, LLC



Principal Place of Business  
6708 16TH TERRACE N.  
158  
ST. PETERSBURG, FL 33710 US

Mailing Address  
6708 16TH TERRACE N.  
158  
ST. PETERSBURG, FL 33710 US

2. Principal Place of Business  
2625 SR 590

3. Mailing Address  
2625 SR 590

Suite, Apt. #, etc.  
1214

Suite, Apt. #, etc.  
1214

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

Zip  
33759

Country  
USA

Zip  
33759

Country  
USA

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
58-2684011

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KOVACS, ZSOLT  
6708 16TH TERRACE N.  
158  
ST. PETERSBURG, FL 33710

## 7. Name and Address of New Registered Agent

Name  
KOVACS, ZSOLT

Street Address (P.O. Box Number is Not Acceptable)  
2625 SR 590

Apt  
1214

City  
CLEARWATER FL Zip Code  
33759

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

(NOTE: Registered Agent signature required when reinstating)

*[Signature]* X 2-9-06  
DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
KOVACS, ZSOLT  
6708 16TH TERRACE N.  
ST. PETERSBURG, FL 33710

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
KOVACS, ZSOLT  
2625 SR 590 #1214  
CLEARWATER, FL 33759

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]* X 02/03/06 X 727-656-5892  
Date Daytime Phone #