

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:31

DOCUMENT # L04000044173

1. Entity Name  
ZGF ENTERPRISES, LLC



Principal Place of Business  
974 RAVINE ROAD NORTH  
JACKSONVILLE, FL 32259

Mailing Address  
974 RAVINE ROAD NORTH  
JACKSONVILLE, FL 32259



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number  
20-1393991

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONDA, BLAIR  
974 RAVINE ROAD NORTH  
JACKSONVILLE, FL 32259

Name

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

City

FL

Zip Code

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

*Blair M. Fonda*

*Blair M. Fonda - Manager*

*12/29/06*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FONDA, BLAIR  
STREET ADDRESS 974 RAVINE ROAD NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition  
NAME 100082905781  
STREET ADDRESS 01/02/07--01037--025 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Blair M. Fonda*

*Blair M. Fonda - mgr*

*12/29/06*

*904-465-2477*

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

Date

Daytime Phone #