

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000048393

Entity Name: ZECAS, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

205 S. HOOVER BOULEVARD
SUITE 101
TAMPA, FL 33609

New Principal Place of Business:

9719 E. MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33610

Current Mailing Address:

205 S. HOOVER BOULEVARD
SUITE 101
TAMPA, FL 33609

New Mailing Address:

9719 E. MARTIN LUTHER KING BLVD
SUITE 100
TAMPA, FL 33610

FEI Number: 55-0883063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CECCARELLI, JANET
205 S. HOOVER BOULEVARD
SUITE 101
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

CECCARELLI, JANET
1706 COTTAGE WAY COURT
BRANDON, FL 33510 US

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.

SIGNATURE: JANET S. CECCARELLI

07/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CECCARELLI, JANET
Address: 205 SOUTH HOOVER BOULEVARD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CECCARELLI, JANET
Address: 1706 COTTAGE WAY COURT
City-St-Zip: BRANDON, FL 33510 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANET S. CECCARELLI

MGRM

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date