


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000065540**

1. Entity Name  
**ZOEBIANNA ENTERPRISES, LLC**



Principal Place of Business 11407 SEMINOLE BLVD LARGO, FL 33778	Mailing Address 11407 SEMINOLE BLVD LARGO, FL 33778
---	---

**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1582009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, KATHLEEN R  
 11407 SEMINOLE BLVD  
 LARGO, FL 33778

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, KATHLEEN R 11407 SEMINOLE BLVD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, CHARLES J 11407 SEMINOLE BLVD LARGO, FL 33778
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	

100000658221  
 03/15/07-80030-016 50.00

**DO NOT WRITE 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.

*Kathleen R. Hayes*  
**SIGNATURE** \_\_\_\_\_ **3/5/2007** **727 391 8096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #