

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90424 036 ****50.00

DOCUMENT # L04000077827

1. Entity Name
ZYLAR L.L.C.



Principal Place of Business
**9117 CAMINO VILLA BLVD.
TAMPA, FL 33635 US**

Mailing Address
**9117 CAMINO VILLA BLVD.
TAMPA, FL 33635 US**

20010889



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-1798522

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

**DUPERON, LUIS A
7108 36TH AVE. S
TAMPA, FL 33619**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME HERNANDEZ-JONHSON, CARLOS E
STREET ADDRESS 9117 CAMINO VILLA BLVD.
CITY-ST-ZIP TAMPA, FL 33635

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

TITLE MGR ☒ Delete
NAME HERNANDEZ-FONDA, CARLOS E
STREET ADDRESS 9117 CAMINO VILLA BLVD.
CITY-ST-ZIP TAMPA, FL 33635

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

TITLE MGR ☐ Delete
NAME MATEUS, JOSE
STREET ADDRESS 9117 CAMINO VILLA BLVD.
CITY-ST-ZIP TAMPA, FL 33635

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Rosa Mateus
STREET ADDRESS 9117 Camino Villa Blvd.
CITY-ST-ZIP Tampa FL 33635 MGR

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Gustavo A. Mateus
STREET ADDRESS 3622 Copper Tree
CITY-ST-ZIP Brandon FL 33511 MGR

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Jose A. Mateus MGR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #