FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90339 017 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400090973 1. Entity Name ZOE INVESTMENTS, LLC										
Principal Plac	e of Business		Mailing Address			60013684				
2164 15TH CIRCLE NORTH ST. PETERSBURG, FL 33713			2164 15TH CIRCLE NORTH St. Petersburg, FL 33713			. (25)(5)(50			- ·	POL (N 1504
2. Principal P	Place of Busines	s - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062008	Chg-LLC	CR2E083	<u> </u>	
City & State			City & State			4. FEI Numbe 20-201				olied For Applicable
Zip	Country		Zip Countr		try	5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current F			egistered Agent	Name	7. Name and Address of New Registered Agent					
	R.V. I CIRCLE NO RSBURG, FL					P.O. Box Numbe	er is Not Acceptable	9)		
					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 little # applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								e check pay i Departmen		
9.		MANAGING MEMBER	S/MANAGERS	10.		l.	ADDITIONS	CHANGES		
TITLE NAME	MGRM DEPUGH, R	l. V.	Delete	TITL	i i			[Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2164 15TH (ST. PETERS	STREET AL City-St-		et address -ST-Zip					i	
TITLE	MGR		☐ Delete						Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	2164 15TH (TMENTS, LLC CIRCLE NORTH SBURG, FL 33713		NAMI STRE CITY-						:
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NAME STREET ADDRESS CITY-ST-ZIP					E) EET AODRESS -ST-ZIP					;
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STREET ADORESS CITY-ST-ZIP				STRE	EET ADORESS. -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: SIGNATURE: SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description of the information 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.										