2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-03-2006 90007 028 ****50.00

DOCUMENT # L04000091853

1. Entity Name

ZSOFI, LLC

Principal Place of Business	Mailing Address
1216 S. MISSOURI AVE # 214 CLEARWATER FL 33756 US	1216 S. MISSOURI AVE # 214 CLEARWATER FL 33756 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
110 N Lady Mary Dr.	110 N Lady Mary Dr.
Suite, Apt. #, etc.: 9	Suite, Apt. #, etc.: 9
City & State: CLEARWATER	City & State: CLEARWATER
Zip: 33755 Country: FL	Zip: 33755 Country: FL

4. FEI Number N/A ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEKESI, ERZSEBET
1216 S. MISSOURI AVE
214
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: ERZSEBET BEKESI
Street Address (P.O. Box Number is Not Acceptable): 110 N Lady Mary Dr. Apt #9
33755
City: CLEARWATER FL Zip Code: 33755

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: Erzsebet Bekesi — 02/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS | **10. ADDITIONS/CHANGES**

9.		10.	
TITLE	MGR ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	BEKESI, ERZSEBET	NAME	BEKESI, ERZSEBET
STREET ADDRESS	1216 S. MISSOURI AVE # 214	STREET ADDRESS	110 N Lady Mary Dr. Apt #9
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Erzsebet Bekesi — 04-06-06 — (727) 512-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #