

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000017441

1. Entity Name  
Z & S DEVELOPMENT TRUST, LLC



Principal Place of Business  
66 N. ATLANTIC AVENUE, #205  
COCOA BEACH, FL 32931

Mailing Address  
66 N. ATLANTIC AVENUE, #205  
COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #  
111 Cleveland Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
111 Cleveland Ave.  
Suite, Apt. #, etc.

City & State  
Cocoa Beach FL  
Zip 32931 Country

City & State  
Cocoa Beach FL  
Zip 32931 Country

01152009 REIN-LLC GR2E101 (1/07)

4. FEI Number  
20-2368300  
Applied For  
Not Applicable

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

## 8. Name and Address of Current Registered Agent

ZANA, YANE F  
66 N. ATLANTIC AVENUE, #205  
COCOA BEACH, FL 32931

## 7. Name and Address of New Registered Agent

Name Samuel A. Block, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
21 Royal Palm Pointe, Ste 100  
City Vero Beach FL Zip Code 32960

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 Samuel A. Block

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME ZANA, YANE F  
STREET ADDRESS 66 N. ATLANTIC AVENUE, #205  
CITY-ST-ZIP COCOA BEACH, FL 32931

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Zana, Yane F.  
STREET ADDRESS 111 Cleveland Ave, #  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: Samuel A. Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-09

Date

772-794-1918

Daytime Phone #

FILED

09 JAN 16 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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