

# **LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

DOCUMENT # L05D00034798

1. Entity Name

Zulu LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:54

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

602 SE 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 68

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

20-268 6081

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33425

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

CR2E083B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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.

10-1-06

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Kevin Schenck  
602 SE 4th Ave  
Delray Beach, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Ugen Udoh  
400 Denke Street #303  
San Francisco, CA 94105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Lou Nieves  
1832 Oakledge Drive  
Pearland, TX 77581

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-1-06 561.281.7848