# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2010**
**Secretary of State**

DOCUMENT# L05000049063

**Entity Name:** Z STRIPE OF FLORIDA WEST COAST LLC

**Current Principal Place of Business:**

8443 QUARTER HORSE DR
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3596
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number: 51-8295752** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVILA, LEONEL
8443 QUARTER HORSE DR
RIVERVIEW, FL 33578 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: AVILA, LEONEL
Address: 8443 QUARTER HORSE DR
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: LEONEL AVILA MGR 04/29/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date