2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L05000063986

Entity Name: A-Z DEVELOPMENT, LLC.

Current Principal Place of Business:

2805 NESMITH ESTATES LANE
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

2805 NESMITH ESTATES LANE
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 37-1512180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAPPIA, ANTHONY
2805 NESMITH ESTATES LANE
PLANT CITY, FL 33566 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:	MGRM	( ) Delete
Name:	ZAPPIA, JOSEPH	
Address:	1277 RAHWAY AVE	
City-St-Zip:	AVENEL, NJ 07001	
Title:	MGRM	( ) Delete
Name:	ZAPPIA, MICHAEL	
Address:	29 HARRISON AVE	
City-St-Zip:	CARTERET, NJ 07008	
Title:	MGRM	( ) Delete
Name:	ZAPPIA, FRANK	
Address:	54 STAFFORD RD	
City-St-Zip:	COLONIA, NJ 07067	
Title:	MGRM	( ) Delete
Name:	CARVALHO, MARIA Z	
Address:	210 YVONNE WAY	
City-St-Zip:	STEWARTSVILLE, NJ 08886	
Title:	MGR	( ) Delete
Name:	ZAPPIA, ANTHONY	
Address:	2805 NESMITH ESTATES LANE	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	MGRM	( ) Delete
Name:	ZAPPIA, CARMEN	
Address:	15 FLORENCE ST	
City-St-Zip:	NUTLEY, NJ 07110	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: ANTHONY ZAPPIA MGR 04/08/2009

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