

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072693

Entity Name: Z-WRAP LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

38810 JAMES COURT  
ZEPHYRHILLS, FL 33540 US

**New Principal Place of Business:**

**Current Mailing Address:**

38810 JAMES COURT  
ZEPHYRHILLS, FL 33540 US

**New Mailing Address:**

FEI Number: 20-3190506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DIAZ, KELLE  
38810 JAMES COURT  
ZEPHYRHILLS, FL 33540 US

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

ZUNIGA, NATALIE  
38810 JAMES COURT  
ZEPHYRHILLS, FL 33540 US

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: NATALIE ZUNIGA

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZUNIGA, NATALIE  
Address: 38810 JAMES COURT  
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: MGR ( ) Delete  
Name: DIAZ, KELLE A  
Address: 38810 JAMES COURT  
City-St-Zip: ZEPHYRHILLS, FL 33540 US

**ADDITIONS/CHANGES:**

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: NATALIE ZUNIGA

MGRM

05/01/2009

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