

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000910

Entity Name: ZEN ACQUISITIONS, LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

2359 ASHINGTON PARK DR.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160055
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 26-0132102 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:

Name and Address of New Registered Agent:

FRASCARELLI, LUIS E JR.
2359 ASHINGTON PARK DRIVE
APOPKA, FL 32703 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRASCARELLI, LUIS E JR.
Address: 2359 ASHINGTON PARK DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: CHAMBERLAIN, LIBBY
Address: 2359 ASHINGTON PARK DRIVE
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: FRASCARELLI, JONATHAN
Address: 1130 ARDEN STREET
City-St-Zip: LONGWOOD, FL 32728

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:

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: LUIS E FRASCARELLI

MR.

05/05/2008

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