

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000910

Entity Name: ZEN ACQUISITIONS, LLC

FILED
Mar 03, 2009
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 ()

Name and Address of Current Registered Agent:

FRASCARELLI, LUIS E JR.
2359 ASHINGTON PARK DRIVE
APOPKA, FL 32703 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: 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: MGRM (X) Change () Addition
Name: FRASCARELLI, JONATHAN
Address: PO BOX 160055
City-St-Zip: ALTAMONTE SPRINGS, FL 32728

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 FRASCARELLI

MGMR

03/03/2009

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