

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018776

FILED  
May 22, 2009  
Secretary of State

Entity Name: HUANG - ZOOK ENTERPRISES, LLC

## Current Principal Place of Business:

618- MYRTLE RD  
NAPLES, FL 34108 US

## New Principal Place of Business:

11330 LOUISIANA DR.  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

618- MYRTLE RD  
NAPLES, FL 34108 US

## New Mailing Address:

11330 LOUISIANA DR.  
BONITA SPRINGS, FL 34135 US

FEI Number: 20-4342673      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:

HUANG, YULAN  
618- MYRTLE RD.  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

HUANG, YULAN  
11330 LOUISIANA DR.  
BONITA SPRINGS, FL 34135 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: YULAN HUANG

05/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: R/A ( ) Delete  
Name: HUANG, YULAN  
Address: 618- MYRTLE RD.  
City-St-Zip: NAPLES, FL 34108 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HUANG, YULAN  
Address: 11330 LOUISIANA DR.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: YULAN HUANG

MGR

05/22/2009

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