2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-07-2008 90227 018 ***138.75

DOCUMENT # L06000018835

1. Entity Name
Z CHEFS LLC

Principal Place of Business	Mailing Address
207 N APOPKA AVE INVERNESS FL 34450	2 PINE ST HOMOSASSA FL 34446

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7781 S SUNCOAST BLVD		7781 S. SUNCOAST BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOMOSASSA FL		City & State: HOMOSASSA FL.	
Zip: 34446	Country: CITRUS	Zip: 34446	Country: CITRUS

4. FEI Number 76-0817902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEMM, ZACHARY
2 PINE ST
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ZACHARY KLEMM [signature] 3/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	KLEMM, MICHELE M	
STREET ADDRESS	2 PINE ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	MGRM	☐ Delete
NAME	KLEMM, ZACHARY	
STREET ADDRESS	2 PINE ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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TITLE		☐ Change	☐ Addition
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] ZACHARY KLEMM 4/29/08 352-382-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #