

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90374 032 ****50.00

DOCUMENT # L06000027570

1. Entity Name
ZRN ENTERPRISES, LLC



Principal Place of Business
**11838 SW 8TH ST
PEMBROKE PINES, FL 33025**

Mailing Address
**11838 SW 8TH ST
PEMBROKE PINES, FL 33025**

00000000



2. Principal Place of Business - No P.O. Box #
17444 SW 47 CT
Suite, Apt. #, etc.

3. Mailing Address
17444 SW 47 CT
Suite, Apt. #, etc.

04042007 Chg-LLC CR2E083 (12/06)

City & State
MIRAMAR FL
Zip
33029 Country

City & State
MIRAMAR FL
Zip
33029 Country

4. FEI Number
20-4502489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHAN, NADEEM
11838 SW 8TH ST
PEMBROKE PINES, FL 33025**

7. Name and Address of New Registered Agent

Name
KHAN, NADEEM

Street Address (P.O. Box Number is Not Acceptable)

17444 SW 47 CT

City
MIRAMAR FL Zip Code
33029

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 **X** **Ja Deva**
Signature, typed or printed name of registered agent and title if applicable.

NADEEM KHAN MGRM
(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KHAN, NADEEM
11838 SW 8TH ST
PEMBROKE PINES, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **X** **Ja Deva** **NADEEM KHAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954-294-4157