

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044881

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** ZAKARE SPORTS & FASHIONS (LLC)

**Current Principal Place of Business:**

4827 CRAWFORDVILLE RD #3  
#3  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

4827 CRAWFORDVILLE RD #3  
TALLAHASSEE, FL 32305

**New Mailing Address:**

FEI Number: 90-0316442      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:**

ZAKARE, MUHAMMED  
2201 MONACO DRIVE  
TALLAHASSEE, FL 32305      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: ZAKARE, MUHAMMED  
Address: 2201 MONACO DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: OLEMOH ZAKARE, STELLA  
Address: 4827 CRAWFORDVILLE RD #3  
City-St-Zip: TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES:**

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: MUHAMMED ZAKARE

MGRM

05/01/2009

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