

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90104 050 \*\*\*138.75

**DOCUMENT # L06000115571**

1. Entity Name  
**Z&E SERVICE LLC**



Principal Place of Business  
**401 BARLOW AVE  
63  
SARASOTA, FL 34232**

Mailing Address  
**401 BARLOW AVE  
63  
SARASOTA, FL 34232**

60011325



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8201431**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERES, ZOLTAN G  
401 BARLOW AVE  
63  
SARASOTA, FLORIDA, FL 34232**

Name **SERES, ZOLTAN G**

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

**4729 LARK RIDGE CIRCLE**

City **SARASOTA**

**FL**

Zip Code **34233**

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

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **SERES, ZOLTAN G**  
STREET ADDRESS **401 BARLOW AVE**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **SERES, ZOLTAN G**  
STREET ADDRESS **4729 LARK RIDGE CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **MGR** ☒ Delete  
NAME **SERES, EVA**  
STREET ADDRESS **401 BARLOW AVE**  
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **SERES, EVA**  
STREET ADDRESS **4729 LARK RIDGE CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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: EVA SERES** *Eva Seres*

**2-25-08**

**822-4099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #