

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000117233

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** KOPALI ORGANICS BODY CARE LLC

**Current Principal Place of Business:**

8101 BISCAYNE BLVD. UNIT 609  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

8101 BISCAYNE BLVD. UNIT 609  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 20-5989599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROOKS, NORMAN  
13325 BISCAYNE ISLAND TERRACE  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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:** MGR  
**Name:** BROOKS, NORMAN N  
**Address:** 13325 BISCAYNE ISLAND TERRACE  
**City-St-Zip:** NORTH MIAMI, FL 33181

**Title:** CEO  
**Name:** ZAIDMAN, ZACKARY  
**Address:** 260 W 54TH ST., APT. 22B  
**City-St-Zip:** NEW YORK, NY 10019

I hereby 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:** NORMAN BROOKS

MGR

03/30/2011

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