


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000121970  
 1. Entity Name  
 ZIA, LLC



Principal Place of Business  
 7836 EMERALD CIRCLE #201  
 NAPLES, FL 34109

Mailing Address  
 7836 EMERALD CIRCLE #201  
 NAPLES, FL 34109

**DO NOT WRITE IN THIS SPACE**



01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8229835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TAHIRY, FAUZIA  
 7836 EMERALD CIRCLE #201  
 NAPLES, FL 34109

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

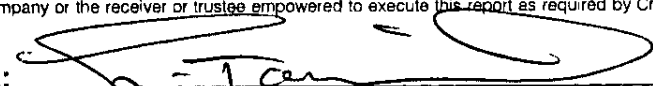
U00000811257  
 02/11/08 00019 012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAHIRY, FAUZIA 7836 EMERALD CIRCLE #201 NAPLES, FL 34109
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**DO NOT WRITE IN THIS SPACE**

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:  12-28-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #