

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000082953

Entity Name: ZANDI UNLIMITED, LLC

**FILED**  
**Sep 23, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1090 BIG TORCH ST  
RIVIERA BEACH, FL 33407 US

**New Principal Place of Business:**

521 42ND STREET  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

1090 BIG TORCH ST  
RIVIERA BEACH, FL 33407 US

**New Mailing Address:**

521 42ND STREET  
WEST PALM BEACH, FL 33407 US

FEI Number: 26-0718446      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:**

DAVIS, FOLIA A  
1090 BIG TORCH ST  
RIVIERA BEACH, FL 33407 US

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

DAVIS, FOLIA A  
521 42ND STREET  
WEST PALM BEACH, FL 33407 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: FOLIA A. DAVIS

09/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, FOLIA A  
Address: 1090 BIG TORCH ST  
City-St-Zip: RIVIERA BEACH, FL 33407 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, FOLIA A  
Address: 521 42ND STREET  
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: FOLIA A. DAVIS

MGRM

09/23/2009

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