

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092108

FILED
Feb 20, 2009
Secretary of State

Entity Name: ZOMBIE RESPONSE TEAM, LLC

Current Principal Place of Business:

13200 N.W. 43 AVE., #E
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13200 N.W. 43 AVE., #E
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIPHAKEE, SEUTH
13200 N.W. 43 AVE., #E
OPA LOCKA, FL 33054 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 () Delete
Name: SIPHAKEE, SEUTH
Address: 13200 N.W. 43 AVE., #E
City-St-Zip: OPA LOCKA, FL 33054

Title: MGRM () Delete
Name: BOFILL, PEDRO
Address: 13200 N.W. 43 AVE., #E
City-St-Zip: OPA LOCKA, FL 33054

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: SEUTH SIPHAKEE

MGR

02/20/2009

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