

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092108

**FILED**  
**Jan 31, 2012**  
**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:**

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

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: SEUTH SIPHAKDEE

MGR

01/31/2012

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