


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90092 017 \*\*\*138.75

DOCUMENT # L07000096070					
<b>1. Entity Name</b> Z BOUTIQUE, LLC					
<b>Principal Place of Business</b> 201 COLORADO AVENUE STUART, FL 34994			<b>Mailing Address</b> 201 COLORADO AVENUE STUART, FL 34994		
<b>2. Principal Place of Business - No P.O. Box #</b> 201 Colorado Ave Stuart, FL City & State: FL Zip: 34994			<b>3. Mailing Address</b> Susan Zito 3043 SW Perry Ave. Suite, Apt. #, etc. Palm City City & State: FL Zip: 34990		
08202008    Chg-LLC    CR2E083 (12/06)		<b>4. FEI Number</b> 36-4622706			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MADDEN, JOHN W 789 SOUTH FEDERAL HIGHWAY, SUITE 308 STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name: Susan Zito Street Address (P.O. Box Number is Not Acceptable): 3043 SW Perry Ave City: Palm City    FL    Zip Code: 34990		
<b>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.</b> SIGNATURE: Susan Zito    Susan Zito    DATE: 08/20/2008					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE: MGRM NAME: ZITO, CARLY STREET ADDRESS: 201 COLORADO AVENUE CITY - ST - ZIP: STUART, FL 34994	<input type="checkbox"/> Delete		TITLE: MGRM NAME: Susan Zito STREET ADDRESS: 3043 S.W. BERRY AVE CITY - ST - ZIP: Palm City, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> Carly Zito / Carly Zito			08-20-2008 772-287-6172		