

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096945

Entity Name: ZENZOEY, LLC

FILED  
Jul 05, 2009  
Secretary of State

**Current Principal Place of Business:**

500 62ND ST. SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

500 62ND ST. SOUTH  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 26-1303849      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:**

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

GROSS, ZACHERY  
500 62ND ST. SOUTH  
ST. PETERSBURG, FL 33707      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GROSS, JENNIFER  
Address: 500 62ND ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGRM      ( ) Delete  
Name: GROSS, ZACHERY  
Address: 500 62ND ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

**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: JENNIFER GROSS

MGR

07/05/2009

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