

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-07-2008 90086 032 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000101562

1. Entity Name
ZCR HOLDINGS LLC



Principal Place of Business
405 E WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082 US

Mailing Address
405 E WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082 US

JU00U1170



2. Principal Place of Business - No P.O. Box #
9612 Sunbeam Center Dr.
Suite, Apt. #, etc.

3. Mailing Address
9612 Sunbeam Center Dr.
Suite, Apt. #, etc.

01172008 Chg-LLC CR2E083 (12/08)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32057

Country
USA

Zip
32057

Country
USA

4. FEI Number
26-1255959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPPELL, DAVID A
405 E WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CHAPPELL, DAVID A
405 E WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

member
CHAPPELL, CHARLEN
405 E. WOODHAVEN DR.
PONTE VEDRA BEACH, FL 32082

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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CITY - ST - ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID A. CHAPPELL 3/5/08 904. 727. 7724