FILED
May 21, 2008 8:00 am
Secretary of State
04-25-2008 90025 049 ***227.50

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000114488

1. Entity Name
ZVART, LLC

Principal Place of Business	Mailing Address
117 S. ALBANY AVENUE TAMPA, FL 33606	117 S. ALBANY AVENUE TAMPA, FL 33606
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3UUU6JU1

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1389281 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELICI, LINA ESQ.
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.
ONE TAMPA CITY CENTER, SUITE 3200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: ZACKARY Z. MELKONIAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 117 S. ALBANY AVENUE
City: TAMPA FL Zip Code 33606

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 reinstating) 4/22/08 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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER ZACKARY Z. MELKONIAN 117 S. ALBANY AVE. TAMPA, FL 33606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: ____________ 4/22/08 813-250-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #