

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90152 027 \*\*\*143.75

<b>DOCUMENT # L07000118731</b> 1. Entity Name <b>ZAMORIDAL, LLC</b>					
Principal Place of Business <b>9458 S.W. 227 TERRACE CUTLER BAY, FL 33190</b>			Mailing Address <b>9458 S.W. 227 TERRACE CUTLER BAY, FL 33190</b>		
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		
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Antonio Zamora</b> Street Address (P.O. Box Number is Not Acceptable) <b>9458 SW 227 Terrace</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33190</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.					
SIGNATURE:				DATE: <b>3/30/08</b>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ZAMORA, ANTONIO 9458 S.W. 227 TERRACE CUTLER BAY, FL 33190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S ZAMORA, ANTONIO 9458 S.W. 227 TERRACE CUTLER BAY, FL 33190</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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:				Date: <b>March 30, 2008</b> Daytime Phone #: <b>(305) 794-7896</b>	

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03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1534616** Applied For Not Applicable

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