2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

FILED May 01, 2008 8:00 am Secretary of State

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DOCUMENT # L07000121353 1. Entity Name LA ZEN, LLC							05-01-2008 90021 030 ***138.75					
Principal Place of Business 889 SOUTH WEST GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986 Mailing Address 889 SOUTH WEST GRAND RE PORT ST. LUCIE, FL 34986					ERVE BLVD),	60036845					
Principal Place of Business - No P.O. Box # 3. Mailing Address					· ····							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04292008	Chg-LL0	3	CR2E0	83 (12/06))
City & State			City & State			39 -	ber 2067	62	 5		pplied For lot Applicable	
Zip		Country	Zip	itry		5. Certificate of Status Desired 55.00 Additional Fee Required						
	6. Name	and Address of Current R	egistered Agent				7. Name ar	nd Address of	New Re	gistered A	gent	
						···					~	
FINKLE, ROBERT 889 SOUTH WEST GRAND RESERVE BLVD. PORT ST. LUCIE, FL 34986					Street Address (P.O. Box Number is Not Acceptable)							
7												
					City FL Zip Code						de	
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 the obligations of registered agent.										, and accept		
SIGNATURE												
Signature, typed or printed higher of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										Departm	syable to ent of Sta	
9.		MANAGING MEMBER	S/MANAGERS	10.				ADDI	FIONS/	CHANGES		
TITLE	MGRM	· · · · · · · · · · · · · · · · · · ·	☐ Delete	πn	E						Change	Addition
NAME	FINKLE, ROBERT				NAME							
STREET ADDRESS	889 SOUT	TH WEST GRAND RESE	RVE BLVD. STRI		ET ADDRESS							
CITY-ST-ZIP	PORT ST		CITY	-S1-ZIP								
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NAME	LEREBOUS, ROBINSON			NAM	Æ							
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11. 1 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.

STREET ADDRESS

MANDLING MEMBER ER, MANAGER, OR AUTHORIZED REPRESENTATIVE