

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125316

Entity Name: ZAO GROUP LLC

FILED  
Sep 22, 2008  
Secretary of State

## Current Principal Place of Business:

1034 LOWRY AVE  
LAKELAND, FL 33801 US

## New Principal Place of Business:

## Current Mailing Address:

1034 LOWRY AVE  
LAKELAND, FL 33801 US

## New Mailing Address:

FEI Number: 51-0662106      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:

HENDERSON, CRYSTAL J  
1034 LOWRY AVE  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

HENDERSON, JOSHUA H  
1034 LOWRY AVE  
LAKELAND, FL 33801 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: JOSHUA H HENDERSON

09/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HENDERSON, JOSHUA H  
Address: 1034 LOWRY AVE  
City-St-Zip: LAKELAND, FL 33801 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: HENDERSON, CRYSTAL J  
Address: 1034 LOWRY AVE  
City-St-Zip: LAKELAND, FL 33801 US

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: JOSHUA H HENDERSON

MGRM

09/22/2008

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