

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024428

Entity Name: Z.J.I. AUDY, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

6039 COLLINS AVENUE
APT. 1035
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402687
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 83-0507991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHADO, CARLOS M ESQ.
2030 DOUGLAS ROAD
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EL DOUJEIJI, JIHAD
Address: 6039 COLLINS AVENUE, APT. 1035
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM () Delete
Name: AUDY, ZEYAD
Address: 6039 COLLINS AVENUE, APT. 1035
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM () Delete
Name: EL DOUJEIJI, IMAD
Address: 6039 COLLINS AVENUE, APT. 1035
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES:

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

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

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

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: JIHAD DOUJEIJI

MGRM

04/29/2009

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