

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074370

Entity Name: ZENALANI LLC

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

313 DIRKSEN AVE BUILDING D STE K  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

313 DIRKSEN AVE BUILDING D STE K  
DEBARY, FL 32713

**New Mailing Address:**

FEI Number: 11-2999420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALENTINE, NALANI DR  
2713 W COVINGTON DRIVE  
DELTONA, FL 32738 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  
Name: VALENTINE, NALANI DR  
Address: 2713 W COVINGTON DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: MGR  
Name: THE ZENALANI EXPERIENCE  
Address: 313 DIRKSEN DR - BLDG D STE K  
City-St-Zip: DEBARY, FL 32713

Title: MGR  
Name: ZENALANI WHOLISTIC RETREAT  
Address: 313 DIRKSEN DR - BLDG D STE K  
City-St-Zip: DEBARY, FL 32713

Title: MGR  
Name: ZENALANI PRIVATE SPA  
Address: 313 DIRKSEN DR - BLDG D STE K  
City-St-Zip: DEBARY, FL 32713

I hereby 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: DR. NALANI VALENTINE

MGRM

04/09/2010

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