

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082985

Entity Name: GOZAPA.COM LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

5607 WILLIAM GRANT WAY
104
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5607 WILLIAM GRANT WAY
104
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ELBERT S
5607 WILLIAM GRANT WAY
104
TAMPA, FL 33610 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: SMITH, ELBERT S
Address: 5607 WILLIAM GRANT WAY APT.104
City-St-Zip: TAMPA, FL 33610 US

Title: MGRM () Delete
Name: GOLDBERG, JOSHUA D
Address: 1008 BALAYE VISTA CIRCLE APT 103
City-St-Zip: TAMPA, FL 33619 US

Title: MGRM () Delete
Name: BANKS, ARMOND A
Address: 1425 GULF STREAM CIRCLE APT 103
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GOLDBERG, JOSHUA D
Address: 11407 WINDSOR
City-St-Zip: BRANDON, FL 33511 US

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: ELBERT SMITH

MR.

04/27/2009

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