

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101376

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** ZINE TRANSPORTATION, LLC

**Current Principal Place of Business:**

2131 CASCADES BLVD. UNIT #204  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

7480 EXCITEMENT DRIVE #102  
REUNION, FL 34747

**Current Mailing Address:**

2131 CASCADES BLVD. UNIT #204  
KISSIMMEE, FL 34741

**New Mailing Address:**

7480 EXCITEMENT DRIVE #102  
REUNION, FL 34747

**FEI Number:** 42-1767075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KURBANOV, KHUSHNUDJON  
2131 CASCADES BLVD. UNIT #204  
KISSIMMEE, FL 34741 US

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

EL ALAOUI, MOULAY YOUSSEF  
7480 EXCITEMENT DRIVE  
REUNION, FL 34747 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: EL ALAOUI MOULAY YOUSSEF

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KURBANOV, KHUSHNUDJON  
Address: 2131 CASCADES BLVD. UNIT #204  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EL ALAOUI, MOULAY YOUSSEF  
Address: 7480 EXCITEMENT DRIVE  
City-St-Zip: REUNION, FL 34747

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: EL ALAOUI MOULAY YOUSSEF

MGR

02/18/2009

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