

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102686

Entity Name: ZUNCIF, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4468 DOGWOOD CIRCLE
WESTON, FL 33331

New Principal Place of Business:

4174 STAGHORN LANE
WESTON, FL 33331

Current Mailing Address:

4468 DOGWOOD CIRCLE
WESTON, FL 33331

New Mailing Address:

4174 STAGHORN LANE
WESTON, FL 33331

FEI Number: 80-0297703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUNIGA, ALBERTO
4468 DOGWOOD CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

ZUNIGA, ALBERTO
4174 STAGHORN LANE
WESTON, FL 33331 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: ALBERTO ZUNIGA

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZUNIGA, ALBERTO
Address: 4468 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: CIFUENTES, ANGELICA
Address: 4468 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZUNIGA, ALBERTO
Address: 4174 STAGHORN LANE
City-St-Zip: WESTON, FL 33331

Title: MGRM (X) Change () Addition
Name: CIFUENTES, ANGELICA
Address: 4174 STAGHORN LANE
City-St-Zip: WESTON, FL 33331

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: ALBERTO ZUNIGA

MGRM

04/28/2009

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