

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050890

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ZUT AXXESS LLC

**Current Principal Place of Business:**

420 LAKBRIDGE PLAZA DR.  
1305  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

420 LAKBRIDGE PLAZA DR.  
1305  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

420 LAKEBRIDGE PLAZA DR.  
1305  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

420 LAKEBRIDGE PLAZA DR.  
1305  
ORMOND BEACH, FL 32174 US

**FEI Number:** 27-0298143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GHANDOUR, NICOLE F  
420 LAKEBRIDGE PLAZA DR  
1305  
ORMOND BEACH, FL 32174 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:** GHANDOUR, NICOLE F  
**Address:** 420 LAKBRIDGE PLAZA DR., APT. 1305  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

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:** NICOLE GHANDOUR

MGRM

03/16/2011

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