

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 15 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L93000000086**

Z WEST, L.C.
330 FIFTH AVENUE
INDIALANTIC, FL 32903

1a. Principal Place of Business Address

330 FIFTH AVENUE
INDIALANTIC, FL 32903

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

330 FIFTH AVENUE

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

Zip

32903

Country

BREVARD

2a. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

02/23/1993

3a. State of Formation

FL

4. FEI Number

59-3167634

☐ Applied For

☐ Not Applicable

6. Date of Last Report

6. Certificate of Status Desired

SE: Additional Fee Required ☐

7. Name and Address of Current Registered Agent

ANTHONY ZIRILLI
330 FIFTH AVENUE
INDIALANTIC, FL 32903

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Anthony Zirilli

DATE 4/28/97

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ZIRILLI, ANTHONY	330 FIFTH AVE	INDIALANTIC, FL 32903
MGR	ZIRILLI, SUSAN	330 FIFTH AVE	INDIALANTIC, FL 32903

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****203.75 ****203.75

JB5-19-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Susan Zirilli

SUSAN
ZIRILLI

4/28/97 407-725-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #