

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90075 014 \*\*\*138.75

**DOCUMENT # M07000001989**

1. Entity Name  
**ZETA MANAGEMENT, LLC**



Principal Place of Business  
**9316 THIRD AVENUE  
BROOKLYN, NY 11209**

Mailing Address  
**9316 THIRD AVENUE  
BROOKLYN, NY 11209**

60019518



02132008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3793581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TSAFATINOS, TERRY  
667 SNUG ISLAND STREET  
CLEARWATER, FL 33767**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR PD</b>
NAME	<b>TSAFATINOS, TERRY</b>
STREET ADDRESS	<b>667 SNUG ISLAND STREET</b>
CITY-ST-ZIP	<b>CLEARWATER, FL 33767</b>
TITLE	<b>TSAFATINOS ANNA V/D</b>
NAME	<b>667 Snug Isl.</b>
STREET ADDRESS	<b>Clearwater FL 33767</b>
CITY-ST-ZIP	<b>Clearwater FL 33767</b>
TITLE	<b>TSAFATINOS KATHERINE SD</b>
NAME	<b>667 Snug Isl.</b>
STREET ADDRESS	<b>Clearwater FL 33767</b>
CITY-ST-ZIP	<b>Clearwater FL 33767</b>
TITLE	<b>TSAFATINOS DIMITRIOS TD</b>
NAME	<b>667 Snug Isl.</b>
STREET ADDRESS	<b>Clearwater FL 33767</b>
CITY-ST-ZIP	<b>Clearwater FL 33767</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Terry Tsafatinos*  
*MAR 3/20/08*