

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119237

Entity Name: ZENALITY, LLC

Current Principal Place of Business:

580 CAPE COD LANE
SUITE 4
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1025 ST. CROIX AVE
APOPKA, FL 32703 US

FEI Number: 27-1515239

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDMAN, MARTIN
766 NORTH SUN DRIVE
SUITE 4030
LAKE MARY, FL 32746 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BELFIORE, PAMELA
Address 1025 ST. CROIX
City-State-Zip: APOPKA FL 32703

Title MANAGER
Name BELFIORE, ERICA J
Address 6313 NE 8TH AVE.
City-State-Zip: PORTLAND OR 97211

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA BELFIORE

MANAGER

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date