



Idaho Limited Liability Company Annual Report Form

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| Return | completed | form | within | 30 | days | to: |
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Idaho Secretary of State

| | Due no later than: 11/30/2 | | Attn: Annual Reports 450 North 4th Street Boise, ID 83720 | | | |
|---|--|--|---|------------------|--|---------------------------------------|
| | | | | Phone: (208) | 334-2300 | |
| SOS Control N | umber: 580727 | Filing Status: Active-Exis | sting | | | |
| Foreign Limited | Liability Company | Date Formed: 11/24/2017 | Formed: 11/24/2017 Formation | | | |
| Name and Mai ZENJOY PROF \$11 WALNUT S GREEN COVE | PERTIES LLC | 143 | (1) Add or (| Change Mailing | Address: | |
| SYNERGY COI 121 S ORCHAF BOISE, ID 837 3) New Regist | 05 Note: The Registered Agent (RA) Signat | LC stered Office address must be a phys ture: If a new agent is appointed in i | sical Idaho ad em (2) above, t | the new agent mu | al box). ast sign here to accept the ap | |
| | | s and addresses of Managers OR will not affect the entity mailing add Business Addre | ress. If more | space is need | | |
| Mgr Mem | Kevin Smith | 411 Walnut St # | | | Green Cove Springs F | 1 22042 |
| Mgr Mem | Sarianna Smith | 411 Walnut St # | | | Green Cove Springs F | |
| Mgr Mem Mgr Mem Mgr Mem Mgr Mem | Thompson - | | (6) Date: | Novemb | per 6, 2019 | |
| (7) Type/Print Name | E: Kevin B. Smith | | (8) Title: | Manag | er | · · · · · · · · · · · · · · · · · · · |
| Instructions: Leg | | Sign and date this form and return to the | ne address pro | vided above. | | |