L18000141959

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MA	IL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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FEB 24 = S. PRATHER



January 15, 2025

ZG PROPERTY GROUP, LLC ZAYA GIVARGIDZE PO BOX 470458 CELEBRATION, FL 34747

SUBJECT: ZG PROPERTY GROUP, LLC

Ref. Number: L18000141959



Letter Number: 225A00001067

We have received your document for ZG PROPERTY GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

	gistration Section rision of Corporations		
SUBJECT	ZG Property Group LLC		
	Nan	ne of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please retur	m all correspondence concerning th	is matter to th	ne following:
Zaya Giv	/argidze		
	Name of Person		
ZG Prop	erty Group LLC		
	Firm/Company		
РО Вох	470458		
	Address		
Celebra	ation, FL 34747		
	City/State and Zip Code		
	nanagement@gmail.com		
E-ma	l address: (to be used for future and	nual report no	tification)
For further	information concerning this matter.	, please call:	
Zaya Gi	vargidze	at (<u>516</u>) 661-1727
	Name of Person		Area Code & Daytime Telephone Number
<u>M</u> :	ailing Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Ta	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following	; amount:	
0	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	(4)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: ZG Property G	roup	Ll	LC			
2. (a)	1118 White Moss Lane Celebration, FL 3474	7 ₍₁	b)	PO Box 470458 Celebra	ation, F	L 34747	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (6)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	06/08/2018 Date of filing/registration in Florida	- 4.	_	L18000141959 Document number			
				2 00 2			
5. (a)	Zaya Givargidze Registered Agent and Registered Office shown on the records of the	. Klorid	. 1°	Done of State:			
		rriona	n L	Jept. of State.			
	1400 E Osceola Parkway						
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES.	21		~	25	
					'	25 í	
	Kissimmee ,FL	3474	14	.		2025 F E is	
	,				• -	ן סי	
(b)	Zaya Givargidze						
\- 7	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	ldr	LGZZ:		1. 25	
	0400 N. Alle etc. A					<u>ගූ</u>	
	2100 N Atlantic Avenue					•	
	NEW Registered Office Address:						
	Unit 803						
	Cocoa Beach , FL	3293	1				
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of icles of organization or the operating agreement of the limited liability.	egister ility co the lin mited	ed om nit lia	d office and the business office npany, it is hereby confirmed the ted liability company or as other	of the rep hat the ch	gistered range(s)	
Signa	ture of member or authorized representative of a member			Printed or typed name of	of signee		
the obl to mer	by accept the appointment as registered agent and agree tons of all statutes relative to the proper and complete per ligations of my position as registered agent as provided fely reflect a change in the registered office address. I he diswriting of this change.	e to ac erform for in (reby c	t in Ch con	n this capacity. I further ugreence of my duties, and I am Jami napter 605, F.S. Or, if this doc nfirm that the limited liability c	to comp liar with ument is ompany	nly with the and accept being filed has been	
Signatu	re of Registered Agent						