

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081294

**Entity Name:** DE ZARRAGA FAMILY MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

8520 S.W. 53RD AVE.  
MIAMI, FL 33143

**Current Mailing Address:**

8520 S.W. 53RD AVE.  
MIAMI, FL 33143

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLDEN, ANTHONY T  
201 S. BISCAYNE BLVD. STE 1600  
MIAMI, FL 33131 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 DE ZARRAGA, MANUEL  
Address 8520 S.W. 53RD AVE.  
City-State-Zip: MIAMI FL 33143

Title MRS  
Name DE ZARRAGA, MARLENE  
Address 8520 S.W. 53RD AVE.  
City-State-Zip: MIAMI FL 33143

*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:** MARLENE DE ZARRAGA

**SECRETARY**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date