2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009551

Entity Name: ZF DEVELOPMENT, LLC

Current Principal Place of Business:

2001 SUMMIT PARK DRIVE STE 300 ORLANDO, FL 32810

Current Mailing Address:

2001 SUMMIT PARK DRIVE STE 300 ORLANDO, FL 32810 US

FEI Number: 27-0734808

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MANAGER, PRESIDENT, CEO	Title	MANAGER, EVP
Name	WEST, GREGORY T	Name	STEPHENS, SAMUEL C III
Address	2001 SUMMIT PARK DRIVE STE 300	Address	2001 SUMMIT PARK DRIVE STE 300
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	MANAGER, EVP, CFO, TREASURER	Title	MEMBER
Name	WARNER, BRIAN J	Name	ZOM HOLDING, INC
Address	2001 SUMMIT PARK DRIVE STE 300	Address	2001 SUMMIT PARK DRIVE STE 300
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	SENIOR VICE PRESIDENT	Title	SVP
Name	CLAYTON, KYLE R.	Name	HATCHER, GRAHAM D.
Address	2001 SUMMIT PARK DRIVE STE 300	Address	2001 SUMMIT PARK DRIVE STE 300
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	SECRETARY		
Name	SLATER, JAMES E.		
Address	2001 SUMMIT PARK DRIVE STE 300		

City-State-Zip: ORLANDO FL 32810

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: SAMUEL C. STEPHENS, III

MANAGER

04/17/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date