

2019 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER, PRESIDENT
Name WEST, GREGORY T
Address 2001 SUMMIT PARK DRIVE STE 300
City-State-Zip: ORLANDO FL 32810

Title MANAGER, EVP
Name STEPHENS, SAMUEL C III
Address 2001 SUMMIT PARK DRIVE STE 300
City-State-Zip: ORLANDO FL 32810

Title MANAGER, EVP, CFO, TREASURER
Name WARNER, BRIAN J
Address 2001 SUMMIT PARK DRIVE STE 300
City-State-Zip: ORLANDO FL 32810

Title MEMBER
Name ZOM HOLDING, INC
Address 2001 SUMMIT PARK DRIVE STE 300
City-State-Zip: ORLANDO FL 32810

Title VP
Name CLAYTON, KYLE R.
Address 2001 SUMMIT PARK DRIVE STE 300
City-State-Zip: ORLANDO FL 32810

Title SVP
Name HATCHER, GRAHAM D.
Address 2001 SUMMIT PARK DRIVE STE 300
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: GREGORY T. WEST

PRESIDENT

04/17/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date