

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037251

Entity Name: ZALUM, L.L.C.

**Current Principal Place of Business:**

1190 NW 159 DRIVE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1190 NW 159 DRIVE  
MIAMI GARDENS, FL 33169 US

FEI Number: 26-4780631

Certificate of Status Desired: No

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

BLANCO, JORGE E  
1401 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134 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 MGR  
Name COCCHIOLA, TONY  
Address 1190 NW 159 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR  
Name COCCHIOLA, MICHELANGELO  
Address 1190 NW 159 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR  
Name PASTORE, PEDRO  
Address 1190 NW 159 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title MGR  
Name PALMEGIANI, JEAN  
Address 1190 NW 159 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

*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: TONY COCCHIOLA

MGR

01/18/2017

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

\_\_\_\_\_ Date