

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099807

**Entity Name:** ZSXHERNANDEZ LLC

**Current Principal Place of Business:**

SORAYA DELGADO  
870 N.E. 1ST PLACE  
HIALEAH, FL 33010

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**9776119015CC**

**Current Mailing Address:**

SORAYA DELGADO  
870 N.E. 1ST PLACE  
HIALEAH, FL 33010

**FEI Number:** 45-4372260

**Certificate of Status Desired:** No

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

DELGADO, SORAYA  
870 N.E. 1ST PLACE  
HIALEAH, FL 33010 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 DELGADO, SORAYA  
Address 870 N.E. 1ST PLACE  
City-State-Zip: HIALEAH FL 33010

Title MGRM  
Name ROSELLO, ZULEMA  
Address 12100 S.W. 271 STREET  
City-State-Zip: HOMESTEAD FL 33032

Title MGRM  
Name BRACKEN, XIOMARA  
Address 3412 KENSINGTON COURT  
City-State-Zip: TUSCALOOSA AL 35405

*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:** SORAYA DELGADO

**MANAGER**

**03/20/2024**

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

\_\_\_\_\_  
Date