

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000013438

**Entity Name:** ZAMORA CORNER, LLC**Current Principal Place of Business:**1017 18TH STREET  
KEY WEST, FL 33040**Current Mailing Address:**1017 18TH STREET  
KEY WEST, FL 33040 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAMORA, FRANK  
1017 18TH STREET  
KEY WEST, FL 33040 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 CARBONELL, ALEJANDRO  
Address 1017 18TH STREET  
City-State-Zip: KEY WEST FL 33040

Title MGRM  
Name ZAMORA, FRANK  
Address 15051 MARLBORO PIKE  
City-State-Zip: UPPER MARLBORO MD 20772

Title MGRM  
Name CAIN, STEVEN  
Address 15051 MARLBORO PIKE  
City-State-Zip: UPPER MARLBORO MD 20772

Title MGRM  
Name ZAMORA, ANITA  
Address 1017 18TH STREET  
City-State-Zip: KEY WEST FL 33040

Title MGRM  
Name CARBONELL, EVALINA  
Address 15051 MARLBORO PIKE  
City-State-Zip: UPPER MARLBORO MD 20772

Title MGRM  
Name CAIN, EVALINA  
Address 15051 MARLBORO PIKE  
City-State-Zip: UPPER MARLBORO MD 20772

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVALINA W. CAIN

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date