

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000066407

**Entity Name:** ZAIDE XACUR LLC

**Current Principal Place of Business:**

2609 COLLINS AVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

2609 COLLINS AVE  
MIAMI BEACH, FL 33140

**FEI Number:** 45-5306212

**Certificate of Status Desired:** No

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

PEREZ ORIVE, EDUARDO  
2609 COLLINS AVE  
MIAMI BEACH, FL 33140 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            XACUR, AMADO V  
Address        2609 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            MGR  
Name            XACUR, ZAIDE  
Address        2609 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** AMADO XACUR

**MANAGER**

**03/07/2016**

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

\_\_\_\_\_  
Date