

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023975

Entity Name: CGZ HOLDINGS, LLC

Current Principal Place of Business:

9032 OLD CHEMONIE ROAD
TALLAHASSEE, FL 32309

Current Mailing Address:

9032 OLD CHEMONIE ROAD
TALLAHASSEE, FL 32309

FEI Number: 46-2039460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUEMPLE, ROY R
293 THORNBERG DRIVE
TALLAHASSEE, FL 32309 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 MGMR
Name ZOTTOLI, STEPHANIE G
Address 9032 OLD CHEMONIE RD
City-State-Zip: TALLAHASSEE FL 32309

Title MGR
Name GUEMPLE, ROY R
Address 293 THORNBERG DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title MGR
Name ZOTTOLI, IMMACOLATA
Address 9198 BAY POINT CIRCLE
City-State-Zip: WEST PALM BEACH FL 33411

Title MGR
Name ZOTTOLI, DANIEL
Address 1561 GLEN WILLOW LANE
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name COBB, JENNIFER
Address 7457 CREEKRIDGE CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

Title MGR
Name COBB, CHRISTOPHER
Address 7457 CREEKRIDGE CIRCLE
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER
Name ZOTTOLI, WILLIAM JR.
Address 9032 OLD CHEMONIE ROAD
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER
Name GUEMPLE, MARTHA
Address 293 THORNBERG DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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: STEPHANIE ZOTTOLI

MEMBER

01/12/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date