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.

MGR

SIGNATURE: MARC ZIMMERMAN

Electronic Signature of Signing Authorized Person(s) Detail

. . / \ **D** . .. Ν

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.

Electronic Signature of Registered Agent

SIGNATURE: MARC S ZIMMERMAN

Authorized Person(s) Detail :				
Title	MGR	Title	AUTHORIZED MEMBER	
Name	ZIMMERMAN, MARC S	Name	ZIMMERMAN, ABBY	
Address	15728 ITALIAN CYPRESS WAY	Address	15728 ITALIAN CYPRESS WAY	
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414	

ZIMMERMAN, MARC S 15728 ITALIAN CYPRESS WAY

WELLINGTON, FL 33414 US

15728 ITALIAN CYPRESS WAY WELLINGTON. FL 33414

WELLINGTON, FL 33414 US

FEI Number: 46-4562273

Name and Address of Current Registered Agent:

Current Mailing Address:

15728 ITALIAN CYPRESS WAY

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000171006

Current Principal Place of Business:

Entity Name: AL-MSZ CONSULTING AND MANAGEMENT LLC

Mar 17, 2024 Secretary of State 7845483986CC

FILED

03/17/2024 Date

Certificate of Status Desired: No

03/17/2024 Date