

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000036650

**Entity Name:** ZYMURGY, LLC

**Current Principal Place of Business:**

2817 NW 2 AVENUE  
MIAMI , FL 33127

**Current Mailing Address:**

2817 NW 2 AVENUE  
MIAMI , FL 33127 US

**FEI Number: 46-5025092**

**Certificate of Status Desired: No**

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

SAMUEL A. RUBERT, P.A.  
2645 EXECUTIVE PARK DRIVE  
SUITE 122  
WESTON, FL 33331 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                   | Title           | MGR                   |
| Name            | DARNELL, NICOLE       | Name            | DARNELL, ADAM         |
| Address         | 574 NE 102ND STREET   | Address         | 574 NE 102ND STREET   |
| City-State-Zip: | MIAMI SHORES FL 33138 | City-State-Zip: | MIAMI SHORES FL 33138 |

*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: NICOLE DARNELL**

**MANAGER**

**01/13/2020**

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

\_\_\_\_\_  
Date