

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191322

**Entity Name:** WILDZ, LLC

**Current Principal Place of Business:**

100 N. BISCAYNE BLVD.  
27TH FLOOR  
MIAMI, FL 33132

**Current Mailing Address:**

100 N. BISCAYNE BLVD.  
27TH FLOOR  
MIAMI, FL 33132 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CRITICAL CONCERN CONSULTANTS  
317 WHITEHEAD ST.  
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 MGR  
Name ZYSCOVICH, BERNARD  
Address 100 N. BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33040

Title AUTHORIZED MEMBER  
Name YAFFAR, SURIA  
Address 100 N. BISCAYNE BLVD., 27TH FLOOR  
City-State-Zip: MIAMI FL 33132

Title AUTHORIZED MEMBER  
Name THE ZEMPIRE LIMITED  
PARTNERSHIP, LLLP  
Address 100 N. BISCAYNE BLVD.  
27TH FLOOR  
City-State-Zip: MIAMI FL 33132

*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:** BERNARD ZYSCOVICH

**MANAGER**

**04/07/2017**

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

\_\_\_\_\_  
Date