455 SUNSHINE	ncipal Place of Business: E DR. EEK, FL 33066			
Current Mai	iling Address:			
455 SUNSH COCONUT	INE DR. CREEK, FL 33066 US			
FEI Number: 47-4511647 Certificate of Status D			Certificate of Status Desi	ired: Yes
Name and A	Address of Current Registered Agent:			
455 SUNSHINE	DEGRILLZ, LLC E DR. EEK, FL 33066 US			
455 SUNSHINE COCONUT CR	E DR.	stered office or regis	tered agent, or both, in the State of Flo	rida.
455 SUNSHINE COCONUT CR The above name	EDR. EEK, FL 33066 US	stered office or regis	tered agent, or both, in the State of Flo	rida. 12/31/2020
455 SUNSHINE COCONUT CR The above name	E DR. EEK, FL 33066 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	
455 SUNSHINE COCONUT CR The above name SIGNATURE	E DR. EEK, FL 33066 US d entity submits this statement for the purpose of changing its regis E: PITERSON BELANCOURT	stered office or regis	tered agent, or both, in the State of Flo	12/31/2020
455 SUNSHINE COCONUT CR The above name SIGNATURE	E DR. EEK, FL 33066 US d entity submits this statement for the purpose of changing its regis E: <u>PITERSON BELANCOURT</u> Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	12/31/2020
455 SUNSHINE COCONUT CR The above name SIGNATURE Authorized	E DR. EEK, FL 33066 US d entity submits this statement for the purpose of changing its regis E: <u>PITERSON BELANCOURT</u> Electronic Signature of Registered Agent <b>Person(s) Detail :</b>			12/31/2020
455 SUNSHINE COCONUT CR The above named SIGNATURE Authorized Title	E DR. EEK, FL 33066 US d entity submits this statement for the purpose of changing its regis E: PITERSON BELANCOURT Electronic Signature of Registered Agent Person(s) Detail : CEO	Title	CEO	12/31/2020

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: PITERSON BELANCOURT

MR

12/31/2020

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L15000116180

Entity Name: GOLDMAN ZOE, LLC

## Current Principal Place of Business:

FILED Dec 31, 2020 Secretary of State 1852520840CR

Electronic Signature of Signing Authorized Person(s) Detail