

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000030200

**Entity Name:** Z-CHEF HOLDINGS, LLC

**Current Principal Place of Business:**

C/O ALBERTO AGHION  
112 HOLIDAY DRIVE  
HALLANDALE, FL 33009

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**1377103886CC**

**Current Mailing Address:**

C/O ALBERTO AGHION  
112 HOLIDAY DRIVE  
HALLANDALE, FL 33009 US

**FEI Number: 81-1482989**

**Certificate of Status Desired: No**

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

AGHION, ALBERTO  
ZUMBA FITNESS  
800 SILKS RUN SUITE 2310  
HALLANDALE, FL 33009 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 PERLAG, LLC  
Address 119 HOLIDAY DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title AMBR  
Name THE PHILIP SOLOMON LIVING TRUST  
Address 501 HIBISCUS DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title AMBR  
Name BEDA, JONATHAN  
Address 19407 PRESIDENTIAL WAY  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title AMBR  
Name MORENO, ROBERTO  
Address 3470 EAST COAST AVENUE. APT 1001  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name PERLMAN, JEFFREY  
Address 2600 ISLAND BLVD. APT 2402  
City-State-Zip: AVENTURA FL 33160

Title AMBR  
Name DHANA, FIDEL  
Address 10961 PINE LODGE TRL  
City-State-Zip: DAVIE FL 33328

*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: JONATHAN BEDA**

**AMBR**

**02/06/2019**

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

\_\_\_\_\_  
Date