

2021 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**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 33009Title AMBR
Name BEDA, JONATHAN
Address 19407 PRESIDENTIAL WAY
City-State-Zip: NORTH MIAMI BEACH FL 33179Title AMBR
Name PERLMAN, JEFFREY
Address 2600 ISLAND BLVD. APT 2402
City-State-Zip: AVENTURA FL 33160Title AMBR
Name THE PHILIP SOLOMON LIVING TRUST
Address 501 HIBISCUS DRIVE
City-State-Zip: HALLANDALE FL 33009Title AMBR
Name MORENO, ROBERTO
Address 3470 EAST COAST AVENUE. APT 1001
City-State-Zip: MIAMI FL 33137Title 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

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date