

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000129038

**Entity Name:** ZLOFT CAPITAL, LLC

**Current Principal Place of Business:**

3050 BISCAYNE BLVD  
STE 801  
MIAMI, FL 33137

**Current Mailing Address:**

3050 BISCAYNE BLVD  
STE 801  
MIAMI, FL 33137 UN

**FEI Number:** 81-3289432

**Certificate of Status Desired:** No

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

COHEN, NATHANAEL  
1136 S BISCAYNE POINT ROAD  
MIAMI BEACH, FL 33141 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:** NATHANAEL COHEN

02/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | MGR                           | Title           | MGR                           |
| Name            | COHEN, NATHANAEL              | Name            | FELLOUS, YONEL                |
| Address         | 3050 BISCAYNE BLVD<br>STE 801 | Address         | 3050 BISCAYNE BLVD<br>STE 801 |
| City-State-Zip: | MIAMI 33137                   | City-State-Zip: | MIAMI 33137                   |

  

|                 |                               |
|-----------------|-------------------------------|
| Title           | MGR                           |
| Name            | ATHEA, STEVEN W               |
| Address         | 3050 BISCAYNE BLVD<br>STE 801 |
| City-State-Zip: | MIAMI 33137                   |

*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:** NATHANAEL COHEN

MANAGER

02/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date