## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000167618

Entity Name: ZANLIFE LLC

**Current Principal Place of Business:** 

429 LENOX AVE

MIAMI BEACH, FL 33139

**Current Mailing Address:** 

429 LENOX AVE SUITE #145 MIAMI BEACH, FL 33139 US

FEI Number: 36-4846253 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

FILED Jan 16, 2018

**Secretary of State** 

CC0230892588

Authorized Person(s) Detail:

Title MGR Title AMBR

Name NORTHLAND, MIKHAIL Name NORTHLAND VENTURES LLC

Address 900 ALFONSO AVENUE Address 900 ALFONSO AVENUE

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title MANAGER

Name NORTHLAND, PATRICIO
Address 900 ALFONSO AVENUE
City State 7in: CORAL CARLES EL 2314

City-State-Zip: CORAL GABLES FL 33146

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: MIKHAIL NORTHLAND

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

01/16/2018