

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000113646

**Entity Name:** ZILIES MANAGEMENT LLC

**Current Principal Place of Business:**

424 NE 15TH CT  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

424 NE 15TH CT  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 82-3544433

**Certificate of Status Desired:** No

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

EXCEUS, ROSEMITTE  
424 NE 15TH CT  
BOYNTON BEACH, FL 33435 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:** ROSEMITTE EXCEUS

05/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name EXCEUS, ROSEMITTE  
Address 424 NE 15TH CT  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** ROSEMITTE EXCEUS

05/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date