

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000028349

**Entity Name:** ZOOMAR NECESSITY LLC**Current Principal Place of Business:**102411 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037**Current Mailing Address:**102411 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037**FEI Number:** 84-4576609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL WALLACE, AUDRA  
102411 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037 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            | MEJIA-FAVA, JOHANNA     |
| Address         | 100 LA PALOMA ROAD      |
| City-State-Zip: | KEY LARGO FL 33037      |
| Title           | MGR                     |
| Name            | MEJIA, NORMA B          |
| Address         | 3375 SHAGBANK CIRCLE    |
| City-State-Zip: | MOUNT PLEASANT SC 29466 |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | MGR                               |
| Name            | THE JOSEPH FAVA IRREVOCABLE TRUST |
| Address         | 100 LA PALOMA ROAD                |
| City-State-Zip: | KEY LARGO FL 33037                |
| Title           | MGR                               |
| Name            | MEJIA, NORMA                      |
| Address         | 101 PROSPECT AVENUE               |
| City-State-Zip: | TARRYTOWN NY 10591                |

*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:** JOSEPH FAVA

MGR

04/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date