

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000260457

**Entity Name:** F.Z.F. INVESTMENT CLUB LLC

**Current Principal Place of Business:**

22 W MONUMENT AVENUE SUITE 20  
KISSIMMEE, FL 34741

**Current Mailing Address:**

22 W MONUMENT AVENUE SUITE 20  
KISSIMMEE, FL 34741 US

**FEI Number:** 85-2688676

**Certificate of Status Desired:** No

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

FEBO, MANUEL  
22 W MONUMENT AVENUE SUITE 20  
KISSIMMEE, FL 34741 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                           | Title           | MGR                  |
| Name            | FEBO, MANUEL                  | Name            | FATEMI, ZIA          |
| Address         | 22 W MONUMENT AVENUE SUITE 20 | Address         | 3925 WIMBLEDOM DRIVE |
| City-State-Zip: | KISSIMMEE FL 34741            | City-State-Zip: | LAKE MARY FL 32746   |
|                 |                               |                 |                      |
| Title           | MGR                           |                 |                      |
| Name            | ZADEH, FARIDEH                |                 |                      |
| Address         | 3925 WIMBLEDOM DRIVE          |                 |                      |
| City-State-Zip: | LAKE MARY FL 32746            |                 |                      |

*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:** MANUEL FEBO

**MANAGING PARTNER**

**03/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date