

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000330588

Entity Name: ZIPCODE MULTISERVICES, LLC

Current Principal Place of Business:

3819 SW HABLOW STREET
PORT ST LUCIE, FL 34953

Current Mailing Address:

3819 SW HABLOW STREET
PORT ST LUCIE, FL 34953 US

FEI Number: 85-3662656

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ESTRIPLET, LESLY
3819 SW HABLOW STREET
PORT ST LUCIE, FL 34953 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 PRES
Name ESTRIPLET, LESLY
Address 1565 QUAIL LAKE DR APT F308
City-State-Zip: WEST PALM BEACH FL 33409

Title V.P.
Name PAUL, MADJA
Address 580 EXECUTIVE CENTER DR APT 105
City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED REPRESENTATIVE
Name MEDINA FILIU, LLILIAN
Address 3819 SW HABLOW STREET
City-State-Zip: PORT ST LUCIE FL 34953

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: LESLY ESTRIPLET

PRES

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date