

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000371204

**FILED  
Apr 15, 2022  
Secretary of State  
3330807845CC**

**Entity Name:** ZAKE LLC

**Current Principal Place of Business:**

2922 PAYSON WAY  
OLYMPIA  
WELLINGTON, FL 33414

**Current Mailing Address:**

2922 PAYSON WAY  
OLYMPIA  
WELLINGTON, FL 33414

**FEI Number:** 85-4187356

**Certificate of Status Desired:** No

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

PROMOSIGO LLC  
2922 PAYSON WAY  
OLYMPIA  
WELLINGTON, FL 33414 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 RESTREPO MEJIA, ANDREA  
Address 2922 PAYSON WAY OLYMPIA  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name RESTREPO ESCOBAR, EDUARDO  
Address 2922 PAYSON WAY OLYMPIA  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name MEJIA, MARTHA CLAUDIA  
Address 2922 PAYSON WAY OLYMPIA  
City-State-Zip: WELLINGTON FL 33414

Title P  
Name RESTREPO ESCOBAR, EDUARDO  
Address 2922 PAYSON WAY OLYMPIA  
City-State-Zip: WELLINGTON FL 33414

Title S  
Name MEJIA, MARTHA CLAUDIA  
Address 2922 PAYSON WAY OLYMPIA  
City-State-Zip: WELLINGTON FL 33414

Title T  
Name RESTREPO MEJIA, ANDREA  
Address 2922 PAYSON WAY OLYMPIA  
City-State-Zip: WELLINGTON FL 33414

*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:** RESTREPO ESCOBAR , EDUARDO

**MANAGER**

**04/15/2022**

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

\_\_\_\_\_  
Date