

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000187921

**Entity Name:** ZANFALULY, LLC

**Current Principal Place of Business:**

45 W. MITCHELL HAMMOCK RD.  
STE. 1351  
OVIDO, FL 32765

**Current Mailing Address:**

8155 RED BUG LAKE ROAD  
STE. 109  
OVIDO, FL 32765 UN

**FEI Number:** 86-3647380

**Certificate of Status Desired:** No

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

KOREY, R. KEVIN  
595 W GRANADA BLVD  
STE A  
ORMOND BEACH, FL 32174 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 AMBR  
Name ELDEEB, AHMED  
Address 432 NOTTINGHILL STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title AMBR  
Name ELZANFALI, ELSAYED  
Address 432 NOTTINGHILL STREET  
City-State-Zip: ORMOND BEACH FL 32174

*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:** ELDEEB , AHMED

**PRESIDENT**

**01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date