

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000497010

**Entity Name:** ZENLIFE LEGACY LLC

**Current Principal Place of Business:**

2200 N WESTSHORE BLVD  
STE 200-1170  
TAMPA, FL 33607

**Current Mailing Address:**

2200 N WESTSHORE BLVD  
STE 200-1170  
TAMPA, FL 33607 US

**FEI Number:** 87-3683134

**Certificate of Status Desired:** No

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

GRAOUMAN, IOULIA  
2200 N WESTSHORE BLVD  
STE 200-1170  
TAMPA, FL 33607 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 MICHAUD, MARK  
Address 15 WATSON CIR  
City-State-Zip: YARMOUTH ME 04096

*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:** MARK MICHAUD

MANAGER

06/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date