

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000017152

**Entity Name:** ZHILLS HWY 39, L.L.C.

**Current Principal Place of Business:**

1409 TECH BLVD  
SUITE 1  
TAMPA, FL 33619

**Current Mailing Address:**

1409 TECH BLVD  
SUITE 1  
TAMPA, FL 33619

**FEI Number:** 87-4409092

**Certificate of Status Desired:** No

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

GASSMAN, ALAN S ESQ  
1245 COURT STREET  
CLEARWATER, FL 33756 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	MFR
Name	RIPA, FRANK P	Name	LAFACE, JOSEPH C
Address	1409 TECH BLVD STE 1	Address	1409 TECH BLVD SUITE 1
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

*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:** FRANK P. RIPA

**MANAGER**

**01/18/2024**

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

\_\_\_\_\_  
Date