Amended

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005007

1. Entity Name

Victoria Place, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 E. Hillsboro Rd.

Suite, Apt. #, etc.
Suite 100

City & State
Deerfield Beach, FL

Zip 33441 | Country USA

3. Mailing Address
1000 E. Hillsboro Rd.

Suite, Apt. #, etc.
Suite 100

City & State
Deerfield Beach, FL

Zip 33441 | Country USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number
65-1090583

Applied For | Not Applicable

5. Certificate of Status Desired ☐ | **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Scott Brenner

Street Address (P.O. Box Number is Not Acceptable)

1000 E. Hillsboro Rd., Suite 100

City
Deerfield Beach | FL | Zip Code 33441

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	ZAM-Victoria Place, Inc.
STREET ADDRESS	1000 E. Hillsboro Rd., #100
CITY-ST-ZIP	Deerfield Beach, FL 33441

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _Scott Quest_ Authorized Representative

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #