

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057099

**Entity Name:** ZAKIA'S MORROCO LLC**Current Principal Place of Business:**3204 BIRD AVENUE  
#109  
COCONUT GROVE, FL 33133**Current Mailing Address:**3204 BIRD AVENUE  
#109  
COCONUT GROVE, FL 33133 US**FEI Number:** 27-1379532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAMAN, RALPH  
3204 BIRD AVENUE  
#109  
COCONUT GROVE, FL 33133 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	AUTHORIZED MEMBER, PRESIDENT
Name	HAMAN, RALPH
Address	3204 BIRD AVENUE 109
City-State-Zip:	COCONUT GROVE FL 33133

Title	AUTHORIZED MEMBER
Name	REMARK, JOHN
Address	43 BRADFORD ST 3
City-State-Zip:	HARRISON NY 10528

Title	AUTHORIZED MEMBER
Name	MEJDOUBI, ZAKIA
Address	58 BIS RUE DE PICPUS
City-State-Zip:	PAIRS 75012

Title	AUTHORIZED MEMBER
Name	HAMAN, CHRISTINA
Address	24715 PETERSBURG AVE
City-State-Zip:	EASTPOINTE MI 48021

*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:** RALPH HAMAN

PRESIDENT

03/29/2015

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