

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053249

**Entity Name:** ZORA MANAGEMENT, LLC

**Current Principal Place of Business:**

888 NE 89 STREET  
D  
MIAMI, FL 33138

**FILED**  
**Mar 13, 2016**  
**Secretary of State**  
**CC6220219041**

**Current Mailing Address:**

888 NE 89 STREET  
D  
MIAMI, FL 33138 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GJORSOVSKI, SASE  
888 NE 89 STREET  
D  
MIAMI, FL 33138 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           MANAGER  
Name           GJORSOVSKI, SASE  
Address        888 NE 89 STREET #D  
City-State-Zip: MIAMI FL 33138

*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: SASE GJORSOVSKI**

**MANAGER**

**03/13/2016**

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

\_\_\_\_\_  
Date