

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000002471

**Entity Name:** MZ SOLUTIONS, LLC

**Current Principal Place of Business:**

9770 SW 215 LANE  
CUTLER BAY, FL 33189

**Current Mailing Address:**

9770 SW 215 LANE  
CUTLER BAY, FL 33189 US

**FEI Number:** 38-3987530

**Certificate of Status Desired:** Yes

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

ZALDIVAR, PRISCILLA S ESQ.  
800 S. DOUGLAS ROAD  
SUITE 880  
CORAL GABLES, FL 33134 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 AMBR  
Name ZALDIVAR, MIGUEL  
Address 6771 SW 15 STREET  
City-State-Zip: MIAMI FL 33144

Title AP  
Name PEREZ, ROSA M  
Address 4307 SW 130 COURT  
City-State-Zip: MIAMI FL 33175

*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:** MIGUEL ZALDIVAR

AMBR

03/22/2017

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

\_\_\_\_\_  
Date