

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000001658

**Entity Name:** BZ SHOWBIZ, LLC

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC2495901705**

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD  
SUITE 3400  
MIAMI, FL 33131 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

ZARCO, BRANDON  
5740 NORTH BAY RD  
MIAMI, FL 33140 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  
Name ZARCO, BRANDON I  
Address 5740 NORTH BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title AR  
Name ZARCO, MARISSA F  
Address 5740 N BAY RD  
City-State-Zip: MIAMI BEACH FL 33140

Title AR  
Name ZARCO, SABRINA T  
Address 5740 N BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title AR  
Name GRABOIS, EVAN P  
Address 299 OCEAN BLVD  
City-State-Zip: GOLDEN BEACH FL 33160

Title AR  
Name LUSKY, JOEL Z  
Address 10140 E BROADVIEW DRIVE  
City-State-Zip: BAY HARBOR FL 33154

Title AR  
Name GAMMABAY, LLC  
Address 3701 N 29TH AVENUE  
City-State-Zip: HOLLYWOOD FL 33020

*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: BRANDON ZARCO**

**MBR**

**04/09/2018**

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

\_\_\_\_\_  
Date