

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000364009

**FILED  
Apr 30, 2024  
Secretary of State  
2502123944CC**

**Entity Name:** JZ1 LLC

**Current Principal Place of Business:**

15432 SW 77 CIR LN  
UNIT 214  
MIAMI, FL 33193

**Current Mailing Address:**

15432 SW 77 CIR LN  
UNIT 214  
MIAMI, FL 33193 US

**FEI Number:** 88-3848684

**Certificate of Status Desired:** No

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

JASPID, MILTON E  
15432 SW 77 CIR LN  
UNIT 214  
MIAMI, FL 33193 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 DE J ZORA RAMIREZ, NORBERTO  
Address 15432 SW 77 CIR LN  
UNIT 214  
City-State-Zip: MIAMI FL 33193

Title AMBR  
Name J ZORA MORENO, JUAN  
Address 15432 SW 77 CIR LN  
UNIT 214  
City-State-Zip: MIAMI FL 33193

Title AMBR  
Name JASSPI OSPINA, INGRID P  
Address 15432 SW 77 CIR LN  
UNIT 214  
City-State-Zip: MIAMI FL 33193

*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:** DE J ZORA RAMIREZ NORBERTO

AMBR

04/30/2024

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

\_\_\_\_\_  
Date