

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000445931

**Entity Name:** ETZ, LLC

**Current Principal Place of Business:**

6959 HUNTINGTON WOODS CIR E  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6959 HUNTINGTON WOODS CIR E  
JACKSONVILLE, FL 32244

**FEI Number:** 99-1539251

**Certificate of Status Desired:** Yes

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

TORREBLANCA, EDITH  
6959 HUNTINGTON WOODS CIR E  
JACKSONVILLE, FL 32244 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 TORREBLANCA, EDITH  
Address 6959 HUNTINGTON WOODS CIR E  
City-State-Zip: JACKSONVILLE FL 32244

Title AUTHORIZED REPRESENTATIVE,  
AUTHORIZED MEMBER  
Name TORREBLANCA, ZULEYKA OLIVIA  
Address 8443 NUSSBAUM DR  
City-State-Zip: JACKSONVILLE FL 32210

*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:** TORREBLANCA, ZULEYKA OLIVIA

**AUTHORIZED MEMBER**

**04/29/2024**

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

\_\_\_\_\_  
Date