

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001434

FILED
Apr 23, 2024
Secretary of State
7277683587CC

Entity Name: ZIMMERMAN ADVERTISING LLC

Current Principal Place of Business:

6600 N ANDREWS AVE
SUITE 120
FT. LAUDERDALE, FL 33309

Current Mailing Address:

6600 N ANDREWS AVE
SUITE 120
FT. LAUDERDALE, FL 33309 US

FEI Number: 59-2612485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, CHAIRMAN
Name ZIMMERMAN, JORDAN
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title MEMBER
Name OAC NETWORK L.P.
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT SECRETARY, ASSISTANT
 VICE PRESIDENT
Name JONES, KATHLEEN M
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title PRESIDENT
Name HALIGMAN, RONNIE
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title MANAGER
Name FENTON, JAMES
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT SECRETARY
Name MILLIGAN, CARA
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title CFO
Name CHEQUER, OSCAR
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

Title MANAGER, VICE PRESIDENT,
 SECRETARY
Name WALKER, JOHN
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309

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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: KATHLEEN M. JONES

ASSISTANT SECRETARY 04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name LARSON, MICHAEL
Address 6600 N ANDREWS AVE
 SUITE 120
City-State-Zip: FT. LAUDERDALE FL 33309