

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000006100

**Entity Name:** NWM ZOM GP, LLC

**Current Principal Place of Business:**

2001 SUMMIT PARK DRIVE  
SUITE 300  
ORLANDO, FL 32810

**Current Mailing Address:**

2001 SUMMIT PARK DRIVE  
SUITE 300  
ORLANDO, FL 32810

**FEI Number:** 90-0776267

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 THE NORTHWESTERN MUTUAL LIFE  
INSURANCE CO  
Address 720 EAST WISCONSIN AVENUE STE  
650  
City-State-Zip: MILWAUKEE WI 53202

*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:** RYAN OLSON

**AUTHORIZED REP**

**04/30/2019**

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

\_\_\_\_\_  
Date