

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006100

Entity Name: NWM ZOM GP, LLC

Current Principal Place of Business:

C/O NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY
720 EAST WISCONSIN AVENUE SUITE S650
MILWAUKEE, WI 53202

Current Mailing Address:

C/O NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY
720 EAST WISCONSIN AVENUE SUITE S650
MILWAUKEE, WI 53202 US

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 MEMBER
Name THE NORTHWESTERN MUTUAL LIFE
INSURANCE COMPANY
Address C/O NORTHWESTERN MUTUAL LIFE
INSURANCE COMPANY
720 EAST WISCONSIN AVENUE SUITE
S650
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: THE NORTHWESTERN MUTUAL LIFE INSURANCE MEMBER
COMPANY

04/22/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date