

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010351

**Entity Name:** ZAPIER, INC.

**Current Principal Place of Business:**

548 MARKET ST, #62411  
SAN FRANCISCO, CA 94104

**Current Mailing Address:**

548 MARKET ST, #62411  
SAN FRANCISCO, CA 94104 US

**FEI Number:** 46-1268002

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 S STATE RD 7, STE 106  
DAVIE, FL 33314 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	CP
Name	FOSTER, CHARLES W
Address	1162 W. MCKINLEY AVE
City-State-Zip:	SUNNYVALE CA 94086
Title	DT
Name	HELMIG, BRYAN
Address	1535 NILDA AVE
City-State-Zip:	MOUNTAIN VIEW CA 94040

Title	VCS
Name	KNOOP, MICHAEL
Address	1279 LAUREL HILL DR
City-State-Zip:	SAN MATEO CA 94402
Title	CFO
Name	BLOOM, JENNIFER
Address	735 ANTONE ST
City-State-Zip:	ATLANTA GA 30318

*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:** JENNIFER L BLOOM

**CFO**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date