

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000003082

Entity Name: ILLYRIAN ROOTS INC.

Current Principal Place of Business:

2749 COVE VIEW DR S
JACKSONVILLE, FL 32257

Current Mailing Address:

2749 COVE VIEW DR S
JACKSONVILLE, FL 32257

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSADA, MIGUEL
301 W BAY ST
SUITE 1426
JACKSONVILLE, FL 32202 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

Officer/Director Detail :

Title P
Name LUKAJ, ALEKSANDER
Address 2749 COVE VIEW DR S
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name MUCAJ, EDIJON
Address 8050 BIG PINE WAY
City-State-Zip: RIVIERA BEACH FL 33407

Title S
Name LUKAJ, MIKAELA
Address 2749 COVE VIEW DR S
City-State-Zip: JACKSONVILLE FL 32257

Title T
Name FEJZA, FLAMUR
Address 10023 BEACH BLVD
City-State-Zip: JACKSONVILLE FL 32246

Title D
Name GJECAJ, FABJAN
Address 5331 OXFORD GABLE IN E
City-State-Zip: JACKSONVILLE FL 32257

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDIJON MUCAJ

VP

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date