

**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