2022	<b>FLORIDA</b>	NOT FOR	PROFIT	CORPORAT	ION ANNUAL	REPORT

#### DOCUMENT# N1700003082

#### 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**

### Name and Address of Current Registered Agent:

MUCAJ, EDIJON 8050 BIG PINE WAY RIVIERA BEACH, FL 33407 US

Certificate of Status Desired: No

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	E: EDIJON MUCAJ	04/30/2022		
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	P	Title	VP	
Name	LUKAJ, ALEKSANDER	Name	MUCAJ, EDIJON	
Address	2749 COVE VIEW DR S	Address	8050 BIG PINE WAY	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	RIVIERA BEACH FL 33407	
Title	S	Title	Т	
Name	LUKAJ, MIKELA	Name	FEJZA, FLAMUR	
Address	2749 COVE VIEW DR S	Address	2821 GIBSON RD	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32207	
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

MANAGER

04/30/2022

Date

## FILED Apr 30, 2022 Secretary of State 1899402875CC

Electronic Signature of Signing Officer/Director Detail