

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085776

**Entity Name:** AILERON CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

3401 WEST CYPRESS STREET  
SUITE 201  
TAMPA, FL 33607

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**7460624491CC**

**Current Mailing Address:**

3401 WEST CYPRESS STREET  
SUITE 201  
TAMPA, FL 33607 US

**FEI Number: 27-3437784**

**Certificate of Status Desired: No**

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

BEARD, ROBERT K  
3401 WEST CYPRESS STREET  
SUITE 201  
TAMPA, FL 33607 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 AUTHORIZED REPRESENTATIVE  
Name BEARD, ROBERT K  
Address 3401 WEST CYPRESS STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title MANAGER  
Name RKB MANAGEMENT SERVICES LLC  
Address 3401 WEST CYPRESS STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

Title PRESIDENT, AUTHORIZED REPRESENTATIVE  
Name SALEMI, CHRIS D  
Address 3401 WEST CYPRESS STREET  
SUITE 201  
City-State-Zip: TAMPA FL 33607

*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: CHRIS D SALEMI**

**PRESIDENT**

**03/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date