Name and Address of Current Registered Agent:			
NISLAV DAD FL 32608 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.			
STANISLAV I. SVETLOV		04	4/22/2022
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGRM	Title	AUTHORIZED REPRESENTATIVE,	
SVETLOV, STANISLAV	Nome	-	
9710 SW 55 ROAD		,	
City-State-Zip: GAINESVILLE FL 32608	Address	9710 SW 55 ROAD	
	City-State-Zip:	GAINESVILLE FL 32608	
FINANCIAL CONSULTANT			
TCHIGRINOVA, OLGA B.S.			
9710 SW 55 ROAD			
	NISLAV AD FL 32608 US I entity submits this statement for the purpose of changing its r E STANISLAV I. SVETLOV Electronic Signature of Registered Agent Person(s) Detail : MGRM SVETLOV, STANISLAV 9710 SW 55 ROAD GAINESVILLE FL 32608 FINANCIAL CONSULTANT TCHIGRINOVA, OLGA B.S.	NISLAV AD FL 32608 US I entity submits this statement for the purpose of changing its registered office or regis STANISLAV I. SVETLOV Electronic Signature of Registered Agent Person(s) Detail : MGRM Title SVETLOV, STANISLAV 9710 SW 55 ROAD Address GAINESVILLE FL 32608 City-State-Zip: FINANCIAL CONSULTANT TCHIGRINOVA, OLGA B.S.	NISLAV AD FL 32608 US Intentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Electronic Signature of Registered Agent Person(s) Detail : MGRM SVETLOV, STANISLAV 9710 SW 55 ROAD GAINESVILLE FL 32608 FINANCIAL CONSULTANT TCHIGRINOVA, OLGA B.S.

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101743

Entity Name: IMMUNOVA LLC

Current Principal Place of Business:

9710 SW 55 ROAD GAINESVILLE, FL 32608

Current Mailing Address:

9710 SW 55 ROAD GAINESVILLE, FL 32608 US

FEI Number: 47-1215275

Name and Address of Current Registered Agent:

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: STANISLAV SVETLOV

City-State-Zip: GAINESVILLE FL 32608

CEO

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 22, 2022 Secretary of State 8365643157CC

Certificate of Status Desired: Yes