# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000024477

#### Entity Name: ALIGN MEDICAL, LLC

## Current Principal Place of Business:

6881 BOTTLEBRUSH LANE NAPLES, FL 34109

## **Current Mailing Address:**

6881 BOTTLEBRUSH LANE NAPLES, FL 34109 US

# FEI Number: 47-3127690

# Name and Address of Current Registered Agent:

KOBAKOF, NICHOLAS 6881 BOTTLEBRUSH LANE NAPLES, FL 34109 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KOBAKOF, KERRI	Name	KOBAKOF, NICHOLAS JOSEPH
Address	6881 BOTTLEBRUSH LANE	Address	6881 BOTTLEBRUSH LANE
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

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: KERRI KOBAKOF

MGR

01/04/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 04, 2024 Secretary of State 0729608175CC

Date

Certificate of Status Desired: No