

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000024477

**Entity Name:** ALIGN MEDICAL, LLC

**Current Principal Place of Business:**

8146 LAS PALMAS WAY  
NAPLES, FL 34109

**Current Mailing Address:**

8146 LAS PALMAS WAY  
NAPLES, FL 34109 US

**FEI Number:** 47-3127690

**Certificate of Status Desired:** No

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

KOBAKOF, NICHOLAS  
8146 LAS PALMAS WAY  
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

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	KOBAKOF, KERRI	Name	KOBAKOF, NICHOLAS JOSEPH
Address	8146 LAS PALMAS WAY	Address	8146 LAS PALMAS WAY
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

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date