

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000193535

**Entity Name:** ILASH RX, LLC

**Current Principal Place of Business:**

4711 US-17  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

504 FATIO LANE  
ORANGE PARK, FL 32073 US

**FEI Number:** 47-5359310

**Certificate of Status Desired:** Yes

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

CHESLEY, TAMAIRA TAMAIRA CHESLEY  
504 FATIO LANE  
ORANGE PARK, FL 32073 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:** TAMAIRA CHESLEY

10/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHESLEY, TAMAIRA  
Address 504 FATIO  
City-State-Zip: ORANGE PARK FL 32073

*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:** TAMAIRA CHESLEY

MS

10/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date