

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000167698

**Entity Name:** ALLIMED, LLC

**Current Principal Place of Business:**

619 SW BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025

**Current Mailing Address:**

615 S HANSELL ST  
THOMASVILLE, GA 31792

**FEI Number:** 84-2375314

**Certificate of Status Desired:** No

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

SHOKAT, KRISTIN  
619 SW BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025 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            AMBR  
Name            SHOKAT, MAX  
Address        253 ROUNDTREE RD  
City-State-Zip: THOMASVILLE GA 31792

Title            MANAGER  
Name            SHOKAT, KRISTIN C  
Address        619 SW BAYA DRIVE  
                  SUITE 102  
City-State-Zip: LAKE CITY FL 32025

*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:** KRISTIN SHOKAT

**REGISTERED AGENT**

**02/20/2023**

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

\_\_\_\_\_  
Date