

2024 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

MANAGING MEMBER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date