

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000097496

**Entity Name:** FLYGIENE LLC

**Current Principal Place of Business:**

2655 S LE JEUNE RD  
STE 716  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 11509  
MIAMI, FL 33101

**FEI Number:** 85-0704353

**Certificate of Status Desired:** No

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

GALEKOVIC, NICHOLAS E  
2655 S LE JEUNE RD  
STE 716  
CORAL GABLES, FL 33134 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  
Name GALEKOVIC, NICHOLAS E  
Address 2655 S LE JEUNE RD  
City-State-Zip: CORAL GABLES FL 33134

*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:** NICHOLAS GALEKOVIC

MGR

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date