

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000323187

**Entity Name:** AILERON SHLS, LLC

**Current Principal Place of Business:**

3401 W CYPRESS STREET  
SUITE 201  
TAMPA, FL 33607

**FILED**  
**Mar 07, 2023**  
**Secretary of State**  
**8501260060CC**

**Current Mailing Address:**

3401 W CYPRESS STREET  
SUITE 201  
TAMPA, FL 33607 US

**FEI Number:** 85-1656102

**Certificate of Status Desired:** No

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

BEARD, ROBERT K  
3401 W CYPRESS STREET  
SUITE 201  
TAMPA, FL 33607 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           MANAGER  
Name           RKB MANAGEMENT SERVICES, LLC  
Address        3401 W CYPRESS STREET  
                  SUITE 201  
City-State-Zip: TAMPA FL 33607

Title           AUTHORIZED REPRESENTATIVE  
Name           BEARD, ROBERT K  
Address        3401 W CYPRESS STREET  
                  SUITE 201  
City-State-Zip: TAMPA FL 33607

Title           PRESIDENT, AUTHORIZED  
                  REPRESENTATIVE  
Name           SALEMI, CHRIS D  
Address        3401 W CYPRESS STREET  
                  SUITE 201  
City-State-Zip: TAMPA FL 33607

*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:** CHRIS D SALEMI

**PRESIDENT**

**03/07/2023**

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

\_\_\_\_\_  
Date