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

SIGNATURE: SELVIN B RUIZ

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000368130 Entity Name: ALLIMIC SERVICES LLC

# **Current Principal Place of Business:**

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

906 ACACIA WAY COCOA, FL 32922

### **Current Mailing Address:**

906 ACACIA WAY COCOA. FL 32922 US

# FEI Number: 85-4206672

# Name and Address of Current Registered Agent:

RUIZ, SELVIN B 906 ACACIA WAY COCOA, FL 32922 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	SELVIN B RUIZ			02/09/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	PRES	
Name	RUIZ, SELVIN B	Name	RUIZ, SELVIN B	
Address	906 ACACIA WAY	Address	906 ACACIA WAY	
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32922	

that my name appears above, or on an attachment with all other like empowered. 02/09/2022

Certificate of Status Desired: Yes

Date

PRESIDENT