

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000534958

**Entity Name:** AIDERZ INTERNATIONAL AGENCY LLC

**Current Principal Place of Business:**

1601-1 N MAIN ST #3159, SMB #22481  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1601-1 N MAIN ST #3159, SMB #22481  
JACKSONVILLE, FL 32206 US

**FEI Number:** 87-4196934

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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	Title	AUTHORIZED MEMBER
Name	LEWIS, TORRI	Name	AOKI, TOBI-LEE
Address	1601-1 N MAIN ST #3159, SMB #22481	Address	1601-1 N MAIN ST #3159, SMB #22481
City-State-Zip:	JACKSONVILLE FL 32206	City-State-Zip:	JACKSONVILLE FL 32206

*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:** TOBI-LEE AOKI

**MEMBER**

**06/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date