### 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. AR CLERK

### SIGNATURE: BARBARA BEARD

Electronic Signature of Signing Authorized Person(s) Detail

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

### Electronic Signature of Registered Agent Date Authorized Person(s) Detail : Title AR Title PRES BEARD, ROBERT K Name Name SALEMI, CHRIS 3401 W CYPRESS STREET, SUITE 201 Address 3401 W CYPRESS STREET, SUITE 201 Address City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607 Title MGR Name **RKB MANAGEMENT SERVICES LLC** 3401 W CYPRESS STREET, SUITE 201 Address City-State-Zip: TAMPA FL 33607

### Name and Address of Current Registered Agent:

BEARD, ROBERT K 3401 W CYPRESS STREET SUITE 201 TAMPA, FL 33607 US

SIGNATURE:

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.

# **Current Principal Place of Business:**

3401 W CYPRESS STREET SUITE 201 TAMPA, FL 33607

## **Current Mailing Address:**

Entity Name: AILERON DAPHNE LLC

3401 W CYPRESS STREET SUITE 201 TAMPA, FL 33607 US

## **FEI Number: APPLIED FOR**

### FILED Feb 13, 2024 Secretary of State 8700847078CC

Certificate of Status Desired: No

02/13/2024