

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000276820

Entity Name: ALIGN SOLUTIONS LLC

Current Principal Place of Business:

12664 WEEPING BRANCH CIRCLE
JACKSONVILLE, FL 32218

Current Mailing Address:

12664 WEEPING BRANCH CIRCLE
JACKSONVILLE, FL 32218

FEI Number: 36-5025351

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIMMONS, SISTERIA T
12664 WEEPING BRANCH CIRCLE
JACKSONVILLE, FL 32218 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 SIMMONS, SISTERIA T
Address 12664 WEEPING BRANCH CIRCLE
City-State-Zip: JACKSONVILLE FL 32218

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: SISTERIA TYEISHA SIMMONS

MANAGER

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date