

L190002916060C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

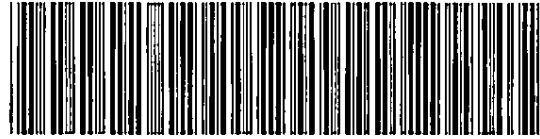
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
OF FLORIDA

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APR 21 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

Ailima LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Katz

Name of Person

Ailima LLC

Firm/Company

4613 N University Dr. #185

Address

Coral Springs, FL 33067

City/State and Zip Code

info@ailinapharmacy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Katz.

866

7.31118-4

at (

)

Name of Person

Area Code & Daytime Telephone Number


Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Ailima LLC
2. (a) 12201 NW 35TH ST. #101
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
CORAL SPRINGS, FL 33065
- (b) 12201 NW 35TH ST. #101
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
CORAL SPRINGS, FL 33065

3. 12/05/2019
Date of filing/registration in Florida
4. 119000296060
Document number

5. (a) KATZ, MICHELLE Z
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12201 NW 35TH ST #101

CORAL SPRINGS, FL 33065

- (b) KATZ, MICHELLE Z

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3981 NW 126th Ave

NEW Registered Office Address:

Coral Springs, FL 33065

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michelle Katz

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

FILED
2020 APR 20 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2020

MICHELLE KATZ
AILIMA LLC
4613 N UNIVERSITY DR. #185
CORAL SPRINGS, FL 33067

SUBJECT: AILIMA LLC
Ref. Number: L19000296060

We have received your document for AILIMA LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 020A00006821

RECEIVED

APR 20 2020