

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111778

Entity Name: CELLCARDS OF ILLINOIS, LLC

Current Principal Place of Business:

9701 WEST HIGGINS ROAD
ROSEMONT, IL 60018

Current Mailing Address:

9701 WEST HIGGINS ROAD
ROSEMONT, IL 60018 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: KAREN M. DYER, ASST SECRETARY

02/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, CEO, PRESIDENT
Name SMITH, M. BROOKS
Address 250 WILLIAMS STREET NW
 5TH FLOOR SUITE 5-2002
City-State-Zip: ATLANTA GA 30303

Title MANAGER, SECRETARY
Name GRUENHUT, MICHAEL D.
Address 250 WILLIAMS STREET
 5TH FLOOR SUITE 5-2002
City-State-Zip: ATLANTA GA 30303

Title CFO, TREASURER
Name BELMONTE, LAWRENCE
Address 9701 WEST HIGGINS ROAD
City-State-Zip: ROSEMONT IL 60018

Title MANAGER
Name MEYERHOFF, SCOTT
Address 250 WILLIAMS STREET
 SUITE 5-2002
City-State-Zip: ATLANTA GA 30303

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: MICHAEL D. GRUENHUT

MANAGER, SECRETARY

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date