Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: IDEAL MAIL SOLUTIONS LLC

Current Principal Place of Business:

15757 PINES BLVD #323 PEMBROKE PINES, FL 33027

DOCUMENT# L14000185072

Current Mailing Address:

15757 PINES BLVD #323 PEMBROKE PINES, FL 33027

FEI Number: 47-2452026

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LLERENA, RICARDO 15757 PINES BLVD. #323 PEMBROKE PINES, FL 33027 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:

Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	PRES	Title	VP
Name	LLERENA, RICARDO	Name	LLERENA, ANA R
Address	15757 PINES BLVD. #323	Address	15757 PINES BLVD. #323
City-State-Zip:	PEMBROKE PINES, FL 33027	City-State-Zip:	PEMBROKE PINES FL 33027

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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. 02/02/2024 SIGNATURE: RICARDO LLERENA PRES

Secretary of State 9441066198CC

Date

FILED Feb 02, 2024

Date