## that my name appears above, or on an attachment with all other like empowered. PRES

# SIGNATURE: LLERENA, RICARDO

Electronic Signature of Signing Authorized Person(s) Detail

# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000185072

Entity Name: IDEAL MAIL SOLUTIONS LLC

### **Current Principal Place of Business:**

15757 PINES BLVD #323 PEMBROKE PINES, FL 33027

### **Current Mailing Address:**

15757 PINES BLVD #323 PEMBROKE PINES, FL 33027

### FEI Number: 47-2452026

### Name and Address of Current 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:

#### Electronic Signature of Registered Agent (-) D-(-! ...

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

Certificate of Status Desired: No

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

Date

FILED Jan 13, 2022

Secretary of State

6031973019CC

01/13/2022 Date