

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000084934

Entity Name: ZAIO MONKA ADL LLC

Current Principal Place of Business:

5021 BEIGE STREET
JACKSONVILLE, FL 32258

Current Mailing Address:

5021 BEIGE STREET
JACKSONVILLE, FL 32258 US

FEI Number: 83-4588169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOMOVA, GALINA K
5021 BEIGE STREET
JACK, FL 32258 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 TOMOVA, GALINA K
Address 5021 BEIGE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGR
Name TOMOVA, GALINA K
Address 5021 BEIGE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGR
Name TOMOVA, GALINA K
Address 5021 BEIGE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGR
Name TOMOVA, GALINA K
Address 5021 BEIGE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGR
Name TOMOVA, GALINA K
Address 5021 BEIGE STREET
City-State-Zip: JACKSONVILLE FL 32258

Title MGR
Name TOMOVA, GALINA K
Address 5021 BEIGE STREET
City-State-Zip: JACKSONVILLE FL 32258

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: GALINA TOMOVA

MS.

04/29/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date