

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000016505

**Entity Name:** A.I.P. MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

1333 NW 89TH TERR  
GAINESVILLE, FL 32606

**Current Mailing Address:**

1333 NW 89TH TERR  
GAINESVILLE, FL 32606

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DANIELS, NIKITA  
1333 NW 89TH TERR  
GAINESVILLE, FL 32606 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                  | Title           | AMGR                  |
| Name            | DANIELS, NIKITA      | Name            | GREGG, MARY           |
| Address         | 1333 NW 89TH TERR    | Address         | 2890 SE 19TH AVE      |
| City-State-Zip: | GAINESVILLE FL 32606 | City-State-Zip: | GAINEESVILLE FL 32641 |

*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:** NIKITA DANIELS

**OWNER**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date