

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000176802

Entity Name: PATHFINDER PARTNERS LLC**Current Principal Place of Business:**11767 SOUTH DIXIE HIGHWAY #313
PINECREST, FL 33156**Current Mailing Address:**11767 SOUTH DIXIE HIGHWAY #313
PINECREST, FL 33156 US**FEI Number:** 81-0889529**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZVI RAFILOVICH, CPA, P.A.
490 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 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:** ZVI RAFILOVICH, CPA

04/25/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER
Name	ORBIS MEDICAL LLC
Address	11767 SOUTH DIXIE HIGHWAY #313
City-State-Zip:	PINECREST FL 33156
Title	MANAGER
Name	ENDARA, CHRIS
Address	11767 SOUTH DIXIE HIGHWAY #313
City-State-Zip:	PINECREST FL 33156

Title	MANAGER
Name	ENDARA, MATTHEW
Address	11767 SOUTH DIXIE HIGHWAY #313
City-State-Zip:	PINECREST FL 33156
Title	MANAGER
Name	MULLIS, JAMES
Address	11767 SOUTH DIXIE HIGHWAY #313
City-State-Zip:	PINECREST FL 33156

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: ENDARA , MATTHEW

MANAGER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date