Name and Address of Current Registered Agent:			
COHNREZNICK LLP 490 SAWGRASS CORPORATE PKWY SUNRISE, FL 33325 US			
The above named	l entity submits this statement for the purpose of ch	anging its registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE: CHRIS ENDARA 04/03			
	Electronic Signature of Registered Agent		D
Authorized Person(s) Detail :			
Title	MEMBER	Title	MANAGER
Name	ORBIS MEDICAL LLC	Name	ENDARA, MATTHEW
Address City-State-Zip:	11767 SOUTH DIXIE HIGHWAY #313 PINECREST FL 33156	Address	11767 SOUTH DIXIE HIGHWAY #313
		City-State-Zip:	PINECREST FL 33156
		Title	MANAGER

Name

Address

City-State-Zip:

2024 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

Title

Name

Address

City-State-Zip:

Nar

MANAGER

ENDARA, CHRIS

PINECREST FL 33156

11767 SOUTH DIXIE HIGHWAY #313

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: MATTHEW ENDARA

MANAGER

MULLIS, JAMES

PINECREST FL 33156

11767 SOUTH DIXIE HIGHWAY #313

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 03, 2024 Secretary of State 8717400812CC

04/03/2024 Date

Certificate of Status Desired: No