

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000032069

**Entity Name:** ON LOCATION BLOOD DRAW SERVICES L.L.C.

**Current Principal Place of Business:**

242 S. WASHINGTON BLVD  
#227  
SARASOTA, FL 34236

**Current Mailing Address:**

242 S. WASHINGTON BLVD  
#227  
SARASOTA, FL 34236 US

**FEI Number:** 81-1481065

**Certificate of Status Desired:** No

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

HASSEBROOK, CODY D  
4015 90TH AVE E.  
PARRISH, FL 34219 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:** CODY HASSEBROOK

02/11/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER/OPERATOR, CEO,  
PRESIDENT, AND GRAND PUBA  
Name HASSEBROOK, CODY D  
Address 4015 90TH AVE. E.  
City-State-Zip: PARRISH FL 34219

Title COO, BIG MAMA, DIRECTOR  
Name HASSEBROOK, ALINA  
Address 4015 90TH AVE EAST  
City-State-Zip: PARRISH FL 34219

*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:** CODY HASSEBROOK

OWNER

02/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date