

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000246070

Entity Name: HEMO MEDIKA RE LLC

Current Principal Place of Business:

3425 10TH ST N
SUITE 1
NAPLES, FL 34103

Current Mailing Address:

3425 10TH ST N
SUITE 1
NAPLES, FL 34103 US

FEI Number: 30-1015700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESKANICOVA, MIRIAM
431 VALERIE WAY UNIT 104
NAPLES, FL 34104 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 LESKANICOVA, MIRIAM
Address 431 VALERIE WAY UNIT 104
City-State-Zip: NAPLES FL 34104

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: MIRIAM LESKANICOVA

MANAGER

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date