

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000058648

**Entity Name:** RAISON BIOMEDICAL DEVELOPMENT LLC

**Current Principal Place of Business:**

2763 WILLOW ROCK LN  
APEX, NC 27523

**Current Mailing Address:**

4614 NW 53RD ST  
GAINESVILLE, FL 32606 US

**FEI Number: 82-5096230**

**Certificate of Status Desired: No**

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

LIU, BRYAN Y  
4614 NW 53RD STREET  
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  
Name LIU, BRYAN Y  
Address 2763 WILLOW ROCK LN  
City-State-Zip: APEX NC 27523

*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: BRYAN LIU**

**MGR**

**04/11/2021**

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

\_\_\_\_\_  
Date