

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000152190

Entity Name: FIREFLY MEDTECH, LLC**Current Principal Place of Business:**1617 KATIE COVE
SANFORD, FL 32771**Current Mailing Address:**1617 KATIE COVE
SANFORD, FL 32771 US**FEI Number:** 85-3812460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAGADAM, HARSHAVARDHAN RAO
1617 KATIE COVE
SANFORD, FL 32771 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:** HARSHAVARDHAN RAO GAGADAM

04/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** AUTHORIZED MEMBER, PRESIDENT,
SECRETARY, DIRECTOR,
TREASURER**Name** SUTHAHAR, MAMATA**Address** 1617 KATIE COVE**City-State-Zip:** SANFORD FL 32771**Title** DIRECTOR**Name** GREENLEE, CAREY**Address** 1675 DE LEON STREET**City-State-Zip:** OVIEDO FL 32765**Title** AUTHORIZED MEMBER, DIRECTOR,
MANAGER**Name** GAGADAM, SUCHITRA**Address** 1617 KATIE COVE**City-State-Zip:** SANFORD FL 32771**Title** AUTHORIZED MEMBER, VC,
DIRECTOR, CFO**Name** SUTHAHAR, SOMA**Address** A4-206, INDRAPRASTHA
APARTMENTS
VIP ROAD, KAIKHALI**City-State-Zip:** KOLKATA WEST BENGAL 700052**Title** AUTHORIZED MEMBER, SECRETARY,
DIRECTOR, COO, MANAGER,
CHAIRMAN**Name** GAGADAM, HARSHAVARDHAN**Address** 1617 KATIE CV**City-State-Zip:** SANFORD FL 32771**Title** AMBR**Name** BDMS TECHNOLOGIES, LLC**Address** 1617 KATIE COVE**City-State-Zip:** SANFORD FL 32771**Title** AUTHORIZED MEMBER, DIRECTOR,
CEO**Name** KRISHNAN, SUTHAHAR**Address** 1617 KATIE COVE**City-State-Zip:** SANFORD FL 32771

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: HARSHAVARDHAN RAO GAGADAM**DIRECTOR**

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date