

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000106528

**Entity Name:** RELOGICS BIOTECH "LLC"

**Current Principal Place of Business:**

7527 S ORIOLE BLVD  
APT 203  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

7527 S ORIOLE BLVD  
APT 203  
DELRAY BEACH, FL 33446 US

**FEI Number:** 86-2627309

**Certificate of Status Desired:** No

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

SIEGEL, NOREEN S  
7527 S ORIOLE BLVD  
APT 203  
DELRAY BEACH, FL 33446 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            PRES  
Name            SIEGEL, NOREEN S  
Address        7527 S ORIOLE BLVD, APT 203  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIR.  
Name            TAYLOR, JIM DR.  
Address        7527 S ORIOLE BLVD  
                  APT 203  
City-State-Zip: DELRAY BEACH FL 33446

*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:** NOREEN SIEGEL

**PRESIDENT**

**03/07/2022**

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

\_\_\_\_\_  
Date