

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000212368

**Entity Name:** ELIXIA INFECTIOUS DISEASE, LLC

**Current Principal Place of Business:**

7369 SHERIDAN STREET  
SUITE 205  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

7369 SHERIDAN STREET  
SUITE 205  
HOLLYWOOD, FL 33024 US

**FEI Number:** 87-2974280

**Certificate of Status Desired:** No

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

PATEL, NEAL  
7369 SHERIDAN STREET  
SUITE 205  
HOLLYWOOD, FL 33024 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:** NEAL PATEL

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            PATEL, NEAL  
Address        7369 SHERIDAN STREET, SUITE 205  
City-State-Zip: HOLLYWOOD FL 33024

Title            COO  
Name            CRISSY , JAMES  
Address        7369 SHERIDAN STREET  
                 SUITE 205  
City-State-Zip: HOLLYWOOD FL 33024

Title            CEO  
Name            OWEN, DUSTIN  
Address        7369 SHERIDAN STREET  
                 SUITE 205  
City-State-Zip: HOLLYWOOD FL 33024

Title            CFO  
Name            PETRUCCI, SARAH  
Address        7369 SHERIDAN STREET  
                 SUITE 205  
City-State-Zip: HOLLYWOOD FL 33024

*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:** NEAL PATEL

PRESIDENT

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date