2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2025
Secretary of State
3104150105CC

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Entity Name: NEW MOON THERAPY LLC

Current Principal Place of Business:

4801 S UNIVERSITY DR STE 254
DAVIE, FL 33328

Current Mailing Address:

4801 S UNIVERSITY DR STE 254
DAVIE, FL 33328 US

FEI Number: 92-3965281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHARR, TATIANA
5110 SW 87TH TER
COOPER CITY, FL 33328 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	SCHARR, TATIANA
Address	5110 SW 87TH TER
City-State-Zip:	COOPER CITY FL 33328

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: TATIANA SCHARR CEO 03/30/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date