

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006915

Entity Name: HOLGANIX, LLC**Current Principal Place of Business:**54 CONCHESTER ROAD
GLEN MILLS, PA 19342**Current Mailing Address:**54 CONCHESTER ROAD
GLEN MILLS, PA 19342**FEI Number:** 27-1731880**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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 ERSEK, BARRETT
Address 54 CONCHESTER ROAD
City-State-Zip: GLEN MILLS PA 19342Title MGR
Name GAUSLING, MICHAEL
Address 54 CONCHESTER ROAD
City-State-Zip: GLEN MILLS PA 19342Title MGR
Name ARNSON, ERIC
Address 54 CONCHESTER ROAD
City-State-Zip: GLEN MILLS PA 19342Title MGR
Name MCCULLOUGH, DONALD
Address 54 CONCHESTER ROAD
City-State-Zip: GLEN MILLS PA 19342Title MGR
Name MILLER, LAWRENCE
Address 54 CONCHESTER ROAD
City-State-Zip: GLEN MILLS PA 19342

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: BARRETT A. ERSEK

CEO

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date