

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002833

**Entity Name:** ALGENOL BIOTECH LLC**Current Principal Place of Business:**16151 LEE ROAD  
FORT MYERS, FL 33912**Current Mailing Address:**16151 LEE ROAD  
FORT MYERS, FL 33912 US**FEI Number:** 03-0591679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARDNER, BENJAMIN  
16151 LEE ROAD  
FORT MYERS, FL 33912 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:** BENJAMIN GARDNER

02/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | MGRM                |
| Name            | ALGENOL U.S. INC    |
| Address         | 16151 LEE ROAD      |
| City-State-Zip: | FORT MYERS FL 33912 |

|                 |                     |
|-----------------|---------------------|
| Title           | COO                 |
| Name            | GARDNER, BENJAMIN   |
| Address         | 16151 LEE ROAD      |
| City-State-Zip: | FORT MYERS FL 33912 |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | OWNER                           |
| Name            | CIMADEVILLA, ALEJANDRO GONZALEZ |
| Address         | 16151 LEE ROAD                  |
| City-State-Zip: | FORT MYERS FL 33912             |

|                 |                     |
|-----------------|---------------------|
| Title           | CRO                 |
| Name            | PORUBSKY, WILLIAM   |
| Address         | 16151 LEE ROAD      |
| City-State-Zip: | FORT MYERS FL 33912 |

*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:** BEN GARDNER

COO

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date