## **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005374

Entity Name: VIRAL MITIGATION SOLUTIONS, LLC

**Current Principal Place of Business:** 

12201 BLUEGRASS PARKWAY LOUISVILLE, KY 40299

**Current Mailing Address:** 

12201 BLUEGRASS PARKWAY LOUISVILLE, KY 40299 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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

FILED Apr 10, 2024

**Secretary of State** 

5835441374CC

Authorized Person(s) Detail:

Title AP Title AUTHORIZED REPRESENTATIVE

Name KWART, JASON Name DOYLE, MARIA

Address 12201 BLUEGRASS PARKWAY Address 12201 BLUEGRASS PARKWAY

City-State-Zip: LOUISVILLE KY 40299 City-State-Zip: LOUISVILLE KY 40299

Title AP

Name HARRISON, JOHN

Address 12201 BLUEGRASS PARKWAY

City-State-Zip: LOUISVILLE KY 40299

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: MARIA DOYLE

AUTHORIZED REPRESENTATIVE 04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date