

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011165

**Entity Name:** COMMGENIX, LLC

**Current Principal Place of Business:**

14502 N. DALE MABRY HIGHWAY  
SUITE 200-32  
TAMPA, FL 33618

**Current Mailing Address:**

14502 N. DALE MABRY HIGHWAY  
SUITE 200-32  
TAMPA, FL 33618 US

**FEI Number:** 22-3755917

**Certificate of Status Desired:** No

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

SIMON, JODY  
14502 N. DALE MABRY HIGHWAY  
SUITE 200-32  
TAMPA, FL 33618 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 MGRM  
Name SIMON, JODY  
Address 14502 N. DALE MABRY HIGHWAY  
SUITE 200-32  
City-State-Zip: TAMPA FL 33618

*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:** JODY SIMON

CEO

02/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date