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: JACQUELINE GOUVEA

Electronic Signature of Signing Authorized Person(s) Detail

ADMINISTRATOR

9	DR	Title	ADMINISTRATOR
ne	MAHARAJ, DIPNARINE	Name	GOUVEA, JACQUELINE M DR.
lress	10301 HAGEN RANCH ROAD, SUITE 600	Address	10301 HAGEN RANCH ROAD SUITE 700
-State-Zip:	BOYNTON BEACH FL 33437	City-State-Zip:	BOYNTON BEACH FL 33437

SIGNATURE:

		Electronic Signature of Registered Agent				
Authorized Person(s) Detail :						
	Title	DR	Title	ADMINISTRATOR		
	Name	MAHARAJ, DIPNARINE	Name	GOUVEA, JACQUELINE M DR.		
	Address	10301 HAGEN RANCH ROAD, SUITE 600	Address	10301 HAGEN RANCH ROAD SUITE 700		
	City-State-Zip:	BOYNTON BEACH FL 33437	City-State-Zip:	BOYNTON BEACH FL 33437		

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.

KENNEDY, TODD PL 1675 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH, FL 33401 US

BOYNTON BEACH, FL 33437 US

Name and Address of Current Registered Agent:

FEI Number: 20-2425121

Current Mailing Address:

DOCUMENT# L04000091611

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: STEM CELL CRYOBANK, LLC

Current Principal Place of Business:

10301 HAGEN RANCH ROAD SUITE 700 BOYNTON BEACH, FL 33437

10301 HAGEN RANCH ROAD SUITE 700

01/28/2021

FILED Jan 28, 2021 Secretary of State 8155133705CC

Certificate of Status Desired: No

Date

Date