

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110329

**Entity Name:** HELIX BIOMEDICS, LLC**Current Principal Place of Business:**9761 MAJESTIC WAY  
BOYNTON BEACH, FL 33436**Current Mailing Address:**9761 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 US**FEI Number:** 90-0764449**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASTILLO, LUCY N  
9761 MAJESTIC WAY  
BOYNTON BEACH, FL 33437 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	DIR
Name	CASTILLO, LUCY N
Address	2828 S. SEACREST BLVD SUITE 209
City-State-Zip:	BOYNTON BEACH FL 33435

Title	DIR.
Name	LAMBOURG, SYLVIA C
Address	2828 S. SEACREST BLVD. 206
City-State-Zip:	BOYNTON BEACH FL 33435

Title	DIR.
Name	LAMBOURG, BRUNO
Address	2828 S. SEACREST BLVD 206
City-State-Zip:	BOYNTON BEACH FL 33435

*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:** LUCY N CASTILLO

MNGR PRTNR

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date