

2022 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	9770 S. MILITARY TRAIL SUITE 236
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIR.
Name	LAMBOURG, SYLVIA C
Address	9770 S. MILITARY TRAIL 236
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIR.
Name	LAMBOURG, BRUNO
Address	9770 S. MILITARY TRAIL 236
City-State-Zip:	BOYNTON BEACH FL 33436

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

DIR.

01/17/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date