

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110329

**Entity Name:** HELIX BIOMEDICS, LLC

**Current Principal Place of Business:**

9770 S. MILITARY TRAIL  
SUITE 236  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

9770 S. MILITARY TRAIL  
236  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 90-0764449

**Certificate of Status Desired:** No

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

CASTILLO, LUCY N  
9770 MILITARY TRAIL # 236  
BOYNTON BEACH, FL 33436 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

01/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date