## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130916

Entity Name: HEMATERRA TECHNOLOGIES, LLC

**Current Principal Place of Business:** 

180 W. OSTEND STREET SUITE 267A

BALTIMORE, MD 21230

**Current Mailing Address:** 

180 W. OSTEND STREET SUITE 267A

BALTIMORE, MD 21230 US

FEI Number: 45-3977872 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTAION, FL 33324 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: LAURA R. BRODERICK, ASSISTANT SECRETARY 02/27/2025

Electronic Signature of Registered Agent

Date

FILED Feb 27, 2025

**Secretary of State** 

1720413693CC

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name POGORZELSKI, STEVEN Name BODILY, STEVEN

Address 50 PUBLIC SQUARE Address 180 W. OSTEND STREET, SUITE 267A 29TH FLOOR

City-State-Zip: CLEVELAND OH 44113 City-State-Zip: BALTIMORE MD 21230

Title MANAGER Title MANAGER

Name COLLINS, TODD Name DAWSON, SIMON

Address 180 W. OSTEND STREET Address 180 W. OSTEND STREET

SUITE 267A SUITE 267A

City-State-Zip: BALTIMORE MD 21230 City-State-Zip: BALTIMORE MD 21230

Title MANAGER Title MANAGER

Name MONDA, GARRETT M. Name PIANO, JOHN G.

Address 50 PUBLIC SQUARE, 29TH FLOOR Address 180 W. OSTEND STREET

SUITE 267A

City-State-Zip: CLEVELAND OH 44113

City-State-Zip: BALTIMORE MD 21230

Title AUTHORIZED PERSON

Name GOETZ, ROBB

Address 180 W. OSTEND STREET

SUITE 267A

City-State-Zip: BALTIMORE MD 21230

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: GARRETT M. MONDA MANAGER 02/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date