

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

09/11/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name POGORZELSKI, STEVEN
Address 50 PUBLIC SQUARE
29TH FLOOR
City-State-Zip: CLEVELAND OH 44113

Title MANAGER
Name BODILY, STEVEN
Address 180 W. OSTEND STREET, SUITE 267A
City-State-Zip: BALTIMORE MD 21230

Title MANAGER
Name COLLINS, TODD
Address 180 W. OSTEND STREET
SUITE 267A
City-State-Zip: BALTIMORE MD 21230

Title MANAGER
Name DAWSON, SIMON
Address 180 W. OSTEND STREET
SUITE 267A
City-State-Zip: BALTIMORE MD 21230

Title MANAGER
Name FRYE, JOHN
Address 180 W. OSTEND STREET
SUITE 267A
City-State-Zip: BALTIMORE MD 21230

Title MANAGER
Name GUERRIERI, RICHARD
Address 180 W. OSTEND STREET
SUITE 267A
City-State-Zip: BALTIMORE MD 21230

Title MANAGER
Name MONDA, GARRETT M.
Address 50 PUBLIC SQUARE, 29TH FLOOR
City-State-Zip: CLEVELAND OH 44113

Title MANAGER
Name PIANO, JOHN G.
Address 180 W. OSTEND STREET
SUITE 267A
City-State-Zip: BALTIMORE MD 21230

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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: GEOTZ , ROBB**AUTHORIZED PERSON**

09/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED PERSON
Name	GEOTZ, ROBB
Address	180 W. OSTEND STREET SUITE 267A
City-State-Zip:	BALTIMORE MD 21230