

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000130916

Entity Name: HEMATERRA TECHNOLOGIES, LLC**Current Principal Place of Business:**135 2ND AVE NORTH STE 500
JACKSONVILLE, FL 32225**Current Mailing Address:**135 2ND AVE NORTH STE 500
JACKSONVILLE, FL 32225 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title	MGR
Name	COLLINS, TODD
Address	50 PUBLIC SQUARE 29TH FLOOR
City-State-Zip:	CLEVELAND OH 44113

Title	MGR
Name	DAWSON, SIMON
Address	50 PUBLIC SQUARE 29TH FLOOR
City-State-Zip:	CLEVELAND FL 44113

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: DAWSON SIMON**MANAGER****02/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date