

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000173186

Entity Name: EMBRYOGENIX LLC

Current Principal Place of Business:

8659 BAYPINE RD #307
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 551540
JACKSONVILLE, FL 32255 US

FEI Number: 47-2271096

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOCKALINGAM, ANNAPOORANI
8659 BAYPINE RD #307
JACKSONVILLE, FL 32256 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 AMGR, AUTHORIZED
REPRESENTATIVE
Name CHOCKALINGAM, ANNA
Address P.O. BOX 551539
City-State-Zip: JACKSONVILLE FL 32255

Title MGR
Name MEHTA, AMUL
Address P.O. BOX 551539
City-State-Zip: JACKSONVILLE FL 32255

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: AMUL MEHTA, MANAGING MEMBER

MANAGER

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date