

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000006582

Entity Name: HEPATEST CERTIFICATION, LLC

Current Principal Place of Business:

1987 CORPORATE SQ
#163
LONGWOOD, FL 32750

Current Mailing Address:

1987 CORPORATE SQ
#163
LONGWOOD, FL 32750

FEI Number: 47-2776784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARNER, DAWN M
1987 CORPORATE SQ
#163
LONGWOOD, FL 32750 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 AMBR
Name GARNER, DAWN M
Address 4506 CLAIRE ROSE COURT
City-State-Zip: MOUNT DORA FL 32757

Title AMBR
Name GARNER, GREGORY B
Address 4506 CLAIRE ROSE COURT
City-State-Zip: MOUNT DORA FL 32757

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: DAWN GARNER

PRESIDNET/CO-OWNER

04/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date