

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000085859

Entity Name: HEMO MEDIKA CARE LLC

Current Principal Place of Business:

1920 VIRGINIA AVE
#1501A
FT MYERS, FL 33901

Current Mailing Address:

1920 VIRGINIA AVE
#1501A
FT MYERS, FL 33901 US

FEI Number: 38-4035421

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESKANICOVA, MIRIAM
1808 KINGS LAKE BLVD APT 203
NAPLES, FL 34112 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: MIRIAM LESKANICOVA

04/25/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LESKANICOVA, MIRIAM
Address 1808 KINGS LAKE BLVD, APT 203
City-State-Zip: NAPLES FL 34112

Title MGR
Name SPISAK, PETER
Address NA BREHU 4
City-State-Zip: KOSICE -- 04018

Title MGR
Name HULIK, MICHAL
Address NAM L. NOVOMESKEHO 1
City-State-Zip: KOSICE -- 04001

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: MIRIAM LESKANICOVA

MGR

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date