2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2019
Secretary of State
8050866859CC

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Entity Name: CARDEX, LLC

Current Principal Place of Business:

909 ARBOR LN
JACKSONVILLE, FL 32207

Current Mailing Address:

P O BOX 48206
JACKSONVILLE, FL 32247

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGH, HARPREET
909 ARBOR LN
JACKSONVILLE, FL 32207 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	SINGH, HARPREET
Address	909 ARBOR LN
City-State-Zip:	JACKSONVILLE FL 32207

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: HARPREET SINGH MANAGER 04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date