

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000106138

**Entity Name:** ILLUMA BIOSCIENCES, LLC

**Current Principal Place of Business:**

201 W MARION AVE  
UNIT 1415  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

201 W MARION AVE  
UNIT 1415  
PUNTA GORDA, FL 33950 US

**FEI Number:** 85-0798941

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER, AUTHORIZED REPRESENTATIVE  
Name SPRINGMAN, ERIC BRUCE  
Address 2100 CASSINO CT  
City-State-Zip: PUNTA GORDA FL 33950

Title MEMBER  
Name PHILLIPS, KATHI LYNN  
Address 201 W MARION AVE  
UNIT 1415  
City-State-Zip: PUNTA GORDA FL 33950

*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:** ERIC BRUCE SPRINGMAN

MEMBER

02/26/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date