

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000310344

**Entity Name:** AKTHA BIOSCIENCE LLC

**Current Principal Place of Business:**

4818 WORCHESTER DRIVE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

6751 FORUM DRIVE SUITE 240  
ORLANDO, FL 32821 US

**FEI Number:** 37-2100750

**Certificate of Status Desired:** No

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

SUPRA TAX LLC  
6751 FORUM DRIVE SUITE 240  
ORLANDO, FL 32821 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:** RICARDO CASTILLO

04/22/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name RIZZO MARCONDES, GABRIEL  
Address AV IBIJAU 364  
City-State-Zip: MOEMA SP 04524--020

Title AMBR  
Name PELLIZZER MARCONDES, ANDRE  
Address AV IBIJAU 364  
City-State-Zip: MOEMA SP 04524--020

Title AMBR  
Name CASSONI RIZZO MARCONDES,  
DEBORA APARECIDA  
Address AV ARACOIABA 31 SETOR 2 COND  
LAGO AZUL  
City-State-Zip: ARACOIABA DA SERRA SP 18190-  
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Title AMBR  
Name RIZZO MARCONDES, LUCAS  
Address AV IBIJAU 364 APT 1102  
City-State-Zip: SAO PAULO SP 04524-020

*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:** GABRIEL RIZZO MARCONDES

AMBR

04/22/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date