

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000064364

Entity Name: KOI MEDICAL, LLC

Current Principal Place of Business:

36 CLEARVIEW CT N
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 730875
ORMOND BEACH, FL 32173 US

FEI Number: 99-1219550

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RASSI, KERI K
36 CLEARVIEW CT N
PALM COAST, FL 32137 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 OWNER
Name RASSI, KERI K
Address 36 CLEARVIEW CT N
City-State-Zip: PALM COAST FL 32137

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: KERI K RASSI

OWNER

03/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date