2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2025
Secretary of State
7180411256CC

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Entity Name: KEDPLASMA LLC

Current Principal Place of Business:

400 KELBY STREET, 11TH FLOOR
FORT LEE, NJ 07024

Current Mailing Address:

400 KELBY STREET, 11TH FLOOR
FORT LEE, NJ 07024 US

FEI Number: 34-2021865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LN STE A
TALLAHASSEE, FL 32308 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	MANAGER, AUTHORIZED SIGNATORY, MANAGEMENT COMMITTEE REPRESENTATIVE, CEO
Name	LATINI, FEDERICO
Address	400 KELBY STREET, 11TH FLOOR
City-State-Zip:	FORT LEE NJ 07024

Title	MANAGER, TREASURER, MANAGEMENT COMMITTEE REPRESENTATIVE, AUTHORIZED SIGNATORY
Name	GRIFFIN, MAXIME
Address	400 KELBY STREET, 11TH FLOOR
City-State-Zip:	FORT LEE NJ 07024

Title	MANAGEMENT COMMITTEE REPRESENTATIVE
Name	PAOLI, TOMMASO
Address	400 KELBY STREET, 11TH FLOOR
City-State-Zip:	FORT LEE NJ 07024

Title	MANAGER, SECRETARY, MANAGEMENT COMMITTEE REPRESENTATIVE
Name	SELIG, EVAN
Address	400 KELBY STREET, 11TH FLOOR
City-State-Zip:	FORT LEE NJ 07024

Title	MANAGEMENT COMMITTEE REPRESENTATIVE
Name	MARCUCCI, ANDREA
Address	400 KELBY STREET, 11TH FLOOR
City-State-Zip:	FORT LEE NJ 07024

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: LATINI , FEDERICO MANAGER 03/13/2025

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