

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000002027

**Entity Name:** RECOMBINE, LLC

**Current Principal Place of Business:**

75 CORPORATE DRIVE  
TRUMBULL, CT 06611

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**1934872573CC**

**Current Mailing Address:**

6101 BOLLINGER CANYON ROAD  
SUITE 500  
SAN RAMON, CA 94583 US

**FEI Number: 38-4028993**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name: SHEFFIELD, HOLLY R  
Address: 75 CORPORATE DRIVE  
City-State-Zip: TRUMBULL CT 06611

Title: AUTHORIZED REPRESENTATIVE,  
ASST. SECRETARY  
Name: WALLACE, CYNTHIA M.  
Address: 6101 BOLLINGER CANYON ROAD  
SUITE 500  
City-State-Zip: SAN RAMON CA 94583

Title: MANAGER  
Name: RICUPATI, AGOSTINO  
Address: 6101 BOLLINGER CANYON ROAD  
SUITE 500  
City-State-Zip: SAN RAMON CA 94583

Title: MANAGER  
Name: DRURY, MARK J  
Address: 6101 BOLLINGER CANYON ROAD  
SUITE 500  
City-State-Zip: SAN RAMON CA 94583

Title: MANAGER  
Name: ANDREWS, BRIAN G  
Address: 6101 BOLLINGER CANYON ROAD  
SUITE 500  
City-State-Zip: SAN RAMON CA 94583

*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: CYNTHIA M. WALLACE**

**ASSISTANT SECRETARY 03/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date