2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2024
Secretary of State
4945085439CC

DOCUMENT# M17000006299

Entity Name: BIREME, LLC

Current Principal Place of Business:

7315 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

7315 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920 US

FEI Number: 82-1555871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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	PRESIDENT, DIRECTOR
Name	BROWNFIELD, AMANDA
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	ARDEN, TODD
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	FRANK, PETER
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	ROSEN, ROBERT
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	AS
Name	TREPANIER, MICHELLE
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	THOMPSON, MARK
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	DAVIS, EUGENE
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	BAYONE, EDWARD
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

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: MICHELLE M. TREPANIER — ASSISTANT SECRETARY — 05/01/2024

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