

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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	D
Name	DEROSA, TERRENCE
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	P
Name	DEWITT, BRENDON
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	S
Name	MONOKIAN, DUSTIN
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	TREASURER
Name	MCGUIRE, KIM
Address	7315 N ATLANTIC AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR/CHAIRMAN
Name	HARGIS, ROBERT
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 TREPANIER**ASST SECRETARY****04/27/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date