

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M19000001531

Entity Name: FEMG HOLDINGS, LLC

Current Principal Place of Business:

1785 NORTHPOINTE PARKWAY, SUITE 300
LUTZ, FL 33558

Current Mailing Address:

1785 NORTHPOINTE PARKWAY, SUITE 300
LUTZ, FL 33558 US

FEI Number: 32-0573244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, VP
Name MATHUR, SAMEER
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name FORDE, COLIN
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name LEISURE, LAWRENCE
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER, CEO, PRESIDENT
Name SHRESTHA, RAJ
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name TOLAN, MARY
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name PATEL, PRITESH
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name PATEL, CHIRAG
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

Title MANAGER
Name TOLEDANO, VICTOR
Address 1785 NORTHPOINTE PARKWAY,
SUITE 300
City-State-Zip: LUTZ FL 33558

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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: CHRISTOPHER RICHARDSON

**AUTHORIZED
REPRESENTATIVE**

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER, AUTHORIZED REPRESENTATIVE
Name HOLOHAN, MICHAEL
Address 1785 NORTHPOINTE PARKWAY, SUITE 300
City-State-Zip: LUTZ FL 33558

Title SECRETARY, AUTHORIZED REPRESENTATIVE
Name RICHARDSON, CHRISTOPHER
Address 1785 NORTHPOINTE PARKWAY, SUITE 300
City-State-Zip: LUTZ FL 33558