2025 FOREIGN LIMITED LIABILITY COMPANY 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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Jan 22, 2025

Secretary of State

2536099029CC

Authorized Person(s) Detail :

SUITE 300

LUTZ FL 33558

SIGNATURE: CHRISTOPHER RICHARDSON

Title MANAGER, VP Title MANAGER MATHUR, SAMEER FORDE, COLIN Name Name

1785 NORTHPOINTE PARKWAY, 1785 NORTHPOINTE PARKWAY, Address Address SUITE 300

SUITE 300

SUITE 300

City-State-Zip: LUTZ FL 33558 City-State-Zip: LUTZ FL 33558

Title MANAGER Title MANAGER, CEO, PRESIDENT

Name LEISURE. LAWRENCE Name SHRESTHA, RAJ

1785 NORTHPOINTE PARKWAY, 1785 NORTHPOINTE PARKWAY, Address Address

SUITE 300

City-State-Zip: LUTZ FL 33558 LUTZ FL 33558

Title **MANAGER** Title **MANAGER**

Name TOLAN, MARY Name TOLEDANO, VICTOR

1785 NORTHPOINTE PARKWAY, Address Address 1785 NORTHPOINTE PARKWAY,

SUITE 300 SUITE 300

City-State-Zip: LUTZ FL 33558 City-State-Zip: LUTZ FL 33558

Title TREASURER, AUTHORIZED Title SECRETARY, AUTHORIZED

REPRESENTATIVE REPRESENTATIVE

Name DANZ, ROBERT Name RICHARDSON, CHRISTOPHER

Address 1785 NORTHPOINTE PARKWAY, Address 1785 NORTHPOINTE PARKWAY,

SUITE 300

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.

City-State-Zip:

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED REPRESENTATIVE

LUTZ FL 33558

01/22/2025

Date