

2024 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title CEO, AUTHORIZED
REPRESENTATIVE
Name SHIRHATTIKAR, GAUTAM
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 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**

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name SHRESTHA, RAJ
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

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