

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010555

**Entity Name:** COMBAT MEDICAL SYSTEMS LLC

**Current Principal Place of Business:**

13359 REESE BLVD E  
HUNTERSVILLE, NC 28078

**Current Mailing Address:**

13359 REESE BLVD E  
HUNTERSVILLE, NC 28078 US

**FEI Number:** 26-2091072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT 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            TREASURER  
Name            JOHNSON, ADAM  
Address        13359 REESE BLVD E  
City-State-Zip: HUNTERSVILLE NC 28078

Title            SOLE MEMBER  
Name            SAFEGUARD US OPERATING, LLC  
Address        13359 REESE BLVD E  
City-State-Zip: HUNTERSVILLE NC 28078

Title            ASSISTANT SECRETARY  
Name            JOHNSON, ADAM  
Address        13359 REESE BLVD E  
City-State-Zip: HUNTERSVILLE NC 28078

*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:** ADAM JOHNSON

**TREASURER**

**03/07/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date