

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000524

**Entity Name:** HEMA BIOLOGICS, LLC

**Current Principal Place of Business:**

4441 SPRINGDALE RD  
LOUISVILLE, KY 40241-1086

**Current Mailing Address:**

4441 SPRINGDALE RD  
LOUISVILLE, KY 40241-1086 US

**FEI Number:** 81-0861550

**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           MONTGOMERY, STEPHANIE  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MANAGER  
Name           MONTGOMERY, STEPHANIE  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MANAGER  
Name           SHEEHAN, PAM  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MANAGER  
Name           VAN DEN BERG, HENRY  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

Title           MANAGER  
Name           JONES, PAUL BRECKINRIDGE SR.  
Address        4441 SPRINGDALE RD  
City-State-Zip: LOUISVILLE KY 40241-1086

*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: STEPHANIE MONTGOMERY**

**TREASURER**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date