

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000012435

**Entity Name:** KEYSTONE BIOMED, LLC

**Current Principal Place of Business:**

1020 SUNSET POINT ROAD #506  
CLEARWATER, FL 33755

**Current Mailing Address:**

1020 SUNSET POINT ROAD #506  
CLEARWATER, FL 33755 US

**FEI Number:** 93-3128917

**Certificate of Status Desired:** No

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

RADEMACHER, GARY  
1020 SUNSET POINT ROAD #506  
CLEARWATER, FL 33755 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 MBR  
Name RADEMACHER, GARY  
Address 1020 SUNSET POINT ROAD #506  
City-State-Zip: CLEARWATER FL 33755

*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:** GARY RADEMACHER

**OWNER**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date