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: KATHY CHIKAZAWA

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	CHIKAZAWA, KATHY	Name	CHIKAZAWA, OWEN T
Address	965 FORT THOMPSON AVE.	Address	4133 EDGEWATER DRIVE
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	ORLANDA FL 32804
Title	MGR		
Name	CHIKAZAWA, SHELBY		
Address	965 FORT THOMPSON AVE.		

City-State-Zip: LABELLE FL 33935

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000051495

Entity Name: GEMINI BIOSCIENCE RESOURCING, LLC

Current Principal Place of Business:

965 FORT THOMPSON AVE. LABELLE, FL 33935

Current Mailing Address:

505 W HICKPOCHEE AVE STE 200 PMB 295 LABELLE, FL 33935 US

FEI Number: 88-0742401

Name and Address of Current Registered Agent:

CHIKAZAWA, KATHY 965 FORT THOMPSON AVE. LABELLE, FL 33935 US

FILED Feb 15, 2024 Secretary of State 9535113841CC

Date

Date