

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000005374

Entity Name: VIRAL MITIGATION SOLUTIONS, LLC

Current Principal Place of Business:

12201 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

Current Mailing Address:

12201 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	AP	Title	AUTHORIZED REPRESENTATIVE
Name	KWART, JASON	Name	DOYLE, MARIA
Address	12201 BLUEGRASS PARKWAY	Address	12201 BLUEGRASS PARKWAY
City-State-Zip:	LOUISVILLE KY 40299	City-State-Zip:	LOUISVILLE KY 40299

Title AP
Name HARRISON, JOHN
Address 12201 BLUEGRASS PARKWAY
City-State-Zip: LOUISVILLE KY 40299

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: MARIA DOYLE

**AUTHORIZED
REPRESENTATIVE**

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date