

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066199

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PHARMPACC LLC

**Current Principal Place of Business:**

7800 S.W. 57 AVENUE, SUITE 207-E  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7800 S.W. 57 AVENUE, SUITE 207-E  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 26-0483229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE MENDIA, CARLOS F  
1120 S. ALHAMBRA CIRCLE  
CORAL GABLES, FL 33146 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE MENDIA, CARLOS F  
Address: 1120 S. ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: DE MENDIA, IRMA A  
Address: 1120 S. ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: MENDIA, CARLOS G  
Address: 14708 GOLDEN LEAF PLACE  
City-St-Zip: LOUISVILLE, KY 40245

Title: MGRM ( ) Delete  
Name: MENDIA, CRISTINA I  
Address: 6464 CABALLERO BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: MENDIA, IRMA M  
Address: 1120 S. ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: C F DE MENDIA

MGRM

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date