

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003265

Entity Name: CK PHARMA LLC

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1933 N PINELLAS AVE  
TARPON SPRING, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1805 ABBEY TRACE DR  
DOVER, FL 33527

**New Mailing Address:**

1933 N PINELLAS AVE  
TARPON SPRING, FL 34689

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SHAH, CHETAN  
1805 ABBEY TRACE DR  
DOVER, FL 33527 US

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

SHAH, CHETAN  
1933 N PINELLAS AVE  
TARPON SPRINGS, FL 34689 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:

02/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHAH, CHETAN  
Address: 1933 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM  
Name: SHAH, ROOPAL  
Address: 1933 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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: CHETAN SHAH

MR

02/26/2011

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