

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109616

**Entity Name:** US ALLIANCE PHARMACEUTICALS, LLC

**Current Principal Place of Business:**

1717 NORTH BAYSHORE DRIVE, SUITE 106  
MIAMI, FL 33132

**Current Mailing Address:**

1717 NORTH BAYSHORE DRIVE, UNIT 3850  
MIAMI, FL 33132 US

**FEI Number:** 03-0609913

**Certificate of Status Desired:** No

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

JABBARI, ARASH  
1717 NORTH BAYSHORE DRIVE, SUITE 106  
MIAMI, FL 33132 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 MGR/MEMBER  
Name JABBARI, ARASH  
Address 1717 NORTH BAYSHORE DRIVE, UNIT  
3850  
City-State-Zip: MIAMI FL 33132

*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:** ARASH JABBARI

MGR/MEMBER

03/05/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date