

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052885

Entity Name: COMPPHARMA, LLC

Current Principal Place of Business:

250 CUB TRAIL
MAGGIE VALLEY, NC 28751

Current Mailing Address:

P O BOX 399
MAGGIE VALLEY, NC 28751-0399 US

FEI Number: 27-2621446

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: JOSIE SORENSEN O.B.O. INCORP SERVICES, INC.

01/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PADUDA, JOSEPH G
Address 1264 MINNOW COVE
City-State-Zip: SKANEATELES NY 13152

Title MGRM
Name PATTERSON, HELEN K
Address P O BOX 399
City-State-Zip: MAGGIE VALLEY NC 28751-0399

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: HELEN K PATTERSON

MANAGING MEMBER

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date