

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000003029

Entity Name: SPECIALTY PHARMACEUTICALS MIAMI, LLC

Current Principal Place of Business:

135 SAN LORENZO AVENUE
SUITE 560
CORAL GABLES, FL 33146

Current Mailing Address:

135 SAN LORENZO AVENUE
SUITE 560
CORAL GABLES, FL 33146 US

FEI Number: 37-1619484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREVOR B. CHADDERTON, CPA
999 PONCE DE LEON BLVD., SUITE 1045
CORAL GABLES, FL 33134 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
Name SAMUEL PEREIRA, ANTONIO
Address 135 SAN LORENZO AVENUE
SUITE 560
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name PEREIRA, ANDRE LUIS
Address 135 SAN LORENZO AVENUE
SUITE 560
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name PEREIRA, DANIELA B
Address 135 SAN LORENZO AVENUE
SUITE 560
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name PEREIRA, ANTONIO S
Address 135 SAN LORENZO AVENUE
SUITE 560
City-State-Zip: CORAL GABLES FL 33146

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: PEREIRA, ANDRE LUIS

MANAGER

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date