#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131875

Entity Name: AVISA PHARMACEUTICALS LLC

## **Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD #442 HALLANDALE, FL 33009

## **Current Mailing Address:**

1835 E HALLANDALE BEACH BLVD #442 HALLANDALE, FL 33009 US

## FEI Number: 45-4027597

## Name and Address of Current Registered Agent:

IVACHTCHENKO, ALENA 1835 E HALLANDALE BEACH BLVD #442 HALLANDALE, FL 33009 US

Certificate of Status Desired: Yes

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

#### Authorized Person(s) Detail :

Authorized Terson(s) Detail .			
Title	MGRM	Title	MGRM
Name	IVACHTCHENKO, ALENA	Name	IVACHTCHENKO, ALEXANDRE
Address	1835 E HALLANDALE BEACH BLVD #442	Address	1835 E HALLANDALE BEACH BLVD #442
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009
Title	MGRM	Title	MGRM
Name	IVACHTCHENKO, ANDREI	Name	SAVCHUK, NIKOLAY
Address	2240 ENCINITAS BLVD, SUITE D, #414	Address	6605 NANCY RIDGE DRIVE
City-State-Zip:	ENCINITAS CA 92024	City-State-Zip:	SAN DIEGO CA 92121

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.

MGM

## SIGNATURE: ALENA IVACHTCHENKO

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jun 26, 2018 Secretary of State CC2329440594

06/26/2018 Date

Date