

**2014 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

**Certificate of Status Desired:** Yes

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

IVACHTCHENKO, ALENA  
1835 E HALLANDALE BEACH BLVD  
#442  
HALLANDALE, FL 33009 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 MGRM  
Name IVACHTCHENKO, ALENA  
Address 1835 E HALLANDALE BEACH BLVD  
#442  
City-State-Zip: HALLANDALE FL 33009  
  
Title MGRM  
Name IVACHTCHENKO, ANDREI  
Address 2240 ENCINITAS BLVD, SUITE D, #414  
City-State-Zip: ENCINITAS CA 92024

Title MGRM  
Name IVACHTCHENKO, ALEXANDRE  
Address 1835 E HALLANDALE BEACH BLVD  
#442  
City-State-Zip: HALLANDALE FL 33009  
  
Title MGRM  
Name SAVCHUK, NIKOLAY  
Address 6605 NANCY RIDGE DRIVE  
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.*

**SIGNATURE:** ALENA IVACHTCHENKO

**MGRM**

**03/04/2014**

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

\_\_\_\_\_  
Date