

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000115769

**Entity Name:** SOZO THERAPEUTICS LLC

**Current Principal Place of Business:**

34911 US HIGHWAY 19 N STE 525  
PALM HARBOR, FL 34684

**Current Mailing Address:**

34911 US HIGHWAY 19 N STE 525  
PALM HARBOR, FL 34684 US

**FEI Number:** 46-0955247

**Certificate of Status Desired:** No

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY STE 2  
WEST PALM BEACH, FL 33411 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 RIOS, JAIME  
Address 34911 US HIGHWAY 19 N STE 600  
City-State-Zip: PALM HARBOR FL 34684

Title MGRM  
Name LAGAMBA, WILLIAM  
Address 34911 US HIGHWAY 19 N STE 600  
City-State-Zip: PALM HARBOR FL 34684

Title MGRM  
Name MCCLAIN, RAND  
Address 2701 OCEAN PARK BLVD STE 119  
City-State-Zip: SANTA MONICA CA 90405

Title MGRM  
Name GOGLIA, PHILIP  
Address 2701 OCEAN PARK BLVD STE 119  
City-State-Zip: SANTA MONICA CA 90405

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM LAGAMBA

MGRM

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date