

2015 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 E4
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	MCCLAIN, RAND
Address	2701 OCEAN PARK BLVD STE 119
City-State-Zip:	SANTA MONICA CA 90405

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

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

SIGNATURE: WILLIAM LAGAMBA

MGRM

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date