

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000141468

Entity Name: PHARMA PEO LLC

Current Principal Place of Business:

656 BERKELEY STREET
BOCA RATON, FL 33487

Current Mailing Address:

656 BERKELEY STREET
BOCA RATON, FL 33487

FEI Number: 38-3891638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEINSTEIN, JEFFREY
5499 NORTH FEDERAL HIGHWAY
SUITE K
BOCA RATON, FL 33487 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 SPEIZMAN, MICHAEL
Address 656 BERKELEY STREET
City-State-Zip: BOCA RATON FL 33487

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: MICHAEL SPEIZMAN

MGR

01/09/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date