#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000182488

Entity Name: ALTON BIO I, LLC

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

1521 ALTON ROAD 287 MIAMI BEACH, FL 33139

### **Current Mailing Address:**

1521 ALTON ROAD 287 MIAMI BEACH, FL 33139 US

### **FEI Number: NOT APPLICABLE**

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

PERIERA, RACHEL 1521 ALTON ROAD 287 MIAMI BEACH, FL 33139 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

# Authorized Percen(c) Detail :

| Authorized Person(s) Detail : |                       |                 |                         |  |
|-------------------------------|-----------------------|-----------------|-------------------------|--|
| Title                         | MGR                   | Title           | ATTORNEY IN FACT        |  |
| Name                          | PEREIRA, PAUL         | Name            | NAGEL, JOSEPH B.        |  |
| Address                       | 1521 ALTON ROAD, #287 | Address         | 6100 LAKE FORREST DRIVE |  |
| City-State-Zip:               | MIAMI BEACH FL 33139  |                 | SUITE 300               |  |
|                               |                       | City-State-Zip: | ATLANTA GA 30328        |  |

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: JOSEPH B. NAGEL

ATTORNEY IN FACT

04/28/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 28, 2015 Secretary of State CC8555147795

Certificate of Status Desired: No

Date