

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000040815

**Entity Name:** WHITE LION THERAPEUTIC LLC

**Current Principal Place of Business:**

11745 SW 134 CT  
MIAMI, FL 33186

**Current Mailing Address:**

11745 SW 134 CT  
MIAMI, FL 33186 UN

**FEI Number:** 90-0994665

**Certificate of Status Desired:** No

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

VILLADIEGO, AMY P  
11745 SW 134 CT  
MIAMI, FL 33186 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            PRESIDENT  
Name            VILLADIEGO, AMY  
Address        11745 SW 134 CT  
City-State-Zip: MIAMI 33186

*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:** AMY VILLADIEGO

**PRESIDENT**

**02/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date