# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000205486

Entity Name: VENTRICPHARM, LLC

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

4070 MALAGA AVENUE MIAMI, FL 33133

## **Current Mailing Address:**

4070 MALAGA AVENUE MIAMI, FL 33133 US

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT SUITE A TAMPA, FL 33612 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 Person(s) Detail :

TitleAMBRNameLARSSON, HANS PETERAddress4070 MALAGA AVENUECity-State-Zip:MIAMI FL 33133

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.

AMBR

SIGNATURE: HANS PETER LARSSON

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 26, 2017 Secretary of State CC1526605851

Certificate of Status Desired: No

Date

04/26/2017 Date