## 2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000049928

Entity Name: TRI-SOURCE PHARMA, LLC

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

80 SW 8TH STREET SUITE 2660 SUITE 110 MIAMI, FL 33130

## **Current Mailing Address:**

**80 SW 8TH ST SUITE 2660** 

MIAMI, FL 33130 US

FEI Number: 81-1814369 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DESPAIGNE, ELDRIS 80 SW 8TH STREET **SUITE 2660** 

MIAMI, FL 33130 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: ELDRIS DESPAIGNE 11/12/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

DICRISCI, ROBERT Name Name OSMAN, MOHAMED

80 SW 8TH ST 80 SW 8TH ST Address Address

**SUITE 2660 SUITE 2660** 

City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33130

Title **AMBR** 

Name HUNTER, THOMAS M

Address **80 SW 8TH ST** 

**SUITE 2660** 

City-State-Zip: MIAMI FL 33130

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.

Electronic Signature of Signing Authorized Person(s) Detail

**FILED** Nov 12, 2019

**Secretary of State** 

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