

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000169819

**Entity Name:** MAYFAIR PHARMA LLC

**Current Principal Place of Business:**

REPUBLICA DE CHILE 4511  
APT. 702  
MONTEVIDEO, MONTEVIDEO 11400

**Current Mailing Address:**

REPUBLICA DE CHILE 4511  
APT. 702  
MONTEVIDEO, MONTEVIDEO 11400 UY

**FEI Number:** 81-3840672

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CATHERINE BOTTICELLI

04/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LIMA BRAGA FILHO, SERGIO LINS	Name	RIBEIRO LIMA BRAGA, MATHEUS
Address	REPUBLICA DE CHILE 4511 APT. 702	Address	REPUBLICA DE CHILE 4511 APT. 702
City-State-Zip:	MONTEVIDEO MONTEVIDEO 11400	City-State-Zip:	MONTEVIDEO MONTEVIDEO 11400

*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:** MATHEUS RIBEIRO LIMA BRAGA

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date