

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

03/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RIBEIRO LIMA BRAGA, MATHEUS	Name	BRAGA AITKEN, MARIANA
Address	REPUBLICA DE CHILE 4511 APT. 702	Address	RUA BRIGADEIRO HAROLDO VELOSO 325 - APARTAMENTO 21
City-State-Zip:	MONTEVIDEO 11400	City-State-Zip:	SAO PAULO SP 04533-080

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**

03/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date