|  | STER PLACE MEWS<br>NGLAND W1U8BF GB  |                              |   |                    |
|--|--|------------------------------|---|--------------------|
| FEI Number: 81-3840672                                   |  |                              | Certificate of Status Desired: Yes  |                    |
| Name and A   | ddress of Current Registered Agent:  |                              |   |                    |
| MATLUC SERV<br>610 SYCAMOR<br>SUITE #315A<br>CELEBRATION | E STREET   |                              |   |                    |
| The above named  | I entity submits this statement for the purpose of changing it   | s reaistered office or reais | tered agent, or both, in the State of Flo                                     | orida              |
|  | · · · · · · · · · · · · · · · · · · ·  |                              | ·····   | Jilda.             |
| SIGNATURE  | : MARIA UBEID NORONHA, CAROLINA  | 0                            |   |                    |
| SIGNATURE  | -  | 0                            |   |                    |
|  | MARIA UBEID NORONHA, CAROLINA  | 0                            |   | 03/21/2024         |
|  | E: MARIA UBEID NORONHA, CAROLINA<br>Electronic Signature of Registered Agent   | 0                            | MGR   | 03/21/2024         |
| Authorized   | MARIA UBEID NORONHA, CAROLINA     Electronic Signature of Registered Agent  Person(s) Detail :   | <u> </u>                     |   | 03/21/2024         |
| <b>Authorized</b><br>Title<br>Name<br>Address            | E: MARIA UBEID NORONHA, CAROLINA<br>Electronic Signature of Registered Agent<br>Person(s) Detail :<br>MGR<br>RIBEIRO LIMA BRAGA, MATHEUS<br>49 GLOUCESTER PLACE MEWS | Title                        | MGR   | 03/21/2024<br>Date |
| Authorized<br>Title<br>Name                              | E: MARIA UBEID NORONHA, CAROLINA<br>Electronic Signature of Registered Agent<br>Person(s) Detail :<br>MGR<br>RIBEIRO LIMA BRAGA, MATHEUS<br>49 GLOUCESTER PLACE MEWS | Title<br>Name                | MGR<br>BRAGA AITKEN, MARIANA<br>RUA BRIGADEIRO HAROLDO<br>325 - APARTAMENTO21 | 03/21/2024<br>Date |

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

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

#### FILED Mar 21, 2024 **Secretary of State** 0839736824CC

Date

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000169819

Entity Name: MAYFAIR PHARMA LLC

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

49 GLOUCESTER PLACE MEWS LONDON, ENGLAND W1U8BF

### **Current Mailing Address:**