

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000018793

Entity Name: MASTER BIOTECH PHARMA LLC

Current Principal Place of Business:

409 NW 10TH TER
SUITE E-03
HALLANDALE BEACH, FL 33009

Current Mailing Address:

409 NW 10TH TER
SUITE E-03
HALLANDALE BEACH, FL 33009 US

FEI Number: 81-5135902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICA EXPERT LLC
409 NW 10TH TER
HALLANDALE BEACH, FL 33009 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

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name O. DA SILVA FILHO, ALIRIO
Address 409 NW 10TH TER - SUITE E-03
City-State-Zip: HALLANDALE BEACH FL 33009

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: O. DA SILVA FILHO , ALIRIO

AMBR

04/22/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date