

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000044304

Entity Name: FLPHARMACEUTICALS LLC

Current Principal Place of Business:

7345 W 20TH AVE
HIALEAH, FL 33014

Current Mailing Address:

7345 W 20TH AVE
HIALEAH, FL 33014

FEI Number: 81-5480516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARORA, KARAN
7345 W 20TH AVE
HIALEAH, FL 33014 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 MGR
Name ARORA, KARAN
Address 7345 W 20TH AVE
City-State-Zip: HIALEAH FL 33014

Title MGR
Name CHOKSI, TEJAS
Address 7345 W 20TH AVE
City-State-Zip: HIALEAH FL 33014

Title MGR
Name SRIVASTAVA, MANOJ
Address 7345 W 20TH AVE
City-State-Zip: HIALEAH FL 33014

Title MGR
Name PATEL, ASHISH
Address 7345 W 20TH AVE
City-State-Zip: HIALEAH FL 33014

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: MANOJ SRIVASTAVA

MGR

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date