

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000137478

**Entity Name:** A V 1 PHARMA LLC

**Current Principal Place of Business:**

1539 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

PO BOX 600047  
JACKSONVILLE, FL 32260 US

**FEI Number:** 82-2081196

**Certificate of Status Desired:** No

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

MAMTORA, VIPUL  
1539 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211 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 MAMTORA, VIPUL B  
Address PO BOX 600047  
City-State-Zip: JACKSONVILLE FL 32260

Title MGR  
Name PARIKH, ANKUR A  
Address PO BOX 600047  
City-State-Zip: JACKSONVILLE FL 32260

*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:** ANKUR PARIKH

MGR

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date