

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000412506

Entity Name: PROVE PHARMA LLC

Current Principal Place of Business:

3625 NW 82ND AVE
SUITE 100 K
DORAL, FL 33166

Current Mailing Address:

3625 NW 82ND AVE
SUITE 100 K
DORAL, FL 33166 US

FEI Number: 32-0665812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACONSA GROUP LLC
7950 NW 53RD STREET
SUITE 337
MIAMI, FL 33166 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 MGRM
Name PRADERIO CAMPOS, ARGELIAN J
Address 3625 NW 82ND AVE SUITE 100 K
City-State-Zip: DORAL FL 33166

Title MGRM
Name PENA CANELON, YORMAN F
Address 3625 NW 82ND AVE
SUITE 100 K
City-State-Zip: DORAL FL 33166

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: PRADERIO CAMPOS , ARGELIAN J

MGRM

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date