

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006134

FILED
Jan 10, 2014
Secretary of State
CC2312063620

Entity Name: PHARMAVITE LLC

Current Principal Place of Business:

8510 BALBOA BLVD., SUITE 100
NORTHRIDGE, CA 91325

Current Mailing Address:

8510 BALBOA BLVD., SUITE 100
NORTHRIDGE, CA 91325

FEI Number: 43-1951087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MACLEAN, DOUGLAS
Address 8510 BALBOA BLVD., SUITE 100
City-State-Zip: NORTHRIDGE CA 91325

Title MGR
Name TOJO, NORKO
Address ONE EMBARACADERO CENTER,
SUITE 2020
City-State-Zip: SAN FRANCISCO CA 94111

Title MGR
Name HIROSHI, KUMIKO
Address 2240 RESEARCH BLVD.
City-State-Zip: ROCKVILLE MD 20850

Title MGR
Name INAKA, HIROSHI
Address ONE EMBARACADERO CENTER, SUITE
2020
City-State-Zip: SAN FRANCISCO CA 94111

Title MGR
Name BARRY, CONNIE
Address 8510 BALBOA BLVD., SUITE 100
City-State-Zip: NORTHRIDGE CA 91325

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: DOUGLAS MACLEAN

CEO

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date