

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006134

**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 TOJO, NORIKO  
Address ONE EMBARCADERO 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 EMBARCADERO 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:** NORIKO TOJO

**MANAGER**

**01/25/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date