

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006134

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**0716107486CC**

**Entity Name:** PHARMAVITE LLC

**Current Principal Place of Business:**

8531 FALLBROOK AVENUE  
WEST HILLS, CA 91304

**Current Mailing Address:**

8531 FALLBROOK AVENUE  
WEST HILLS, CA 91304 US

**FEI Number:** 43-1951087

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           KANEKO, AKEMI  
Address        8531 FALLBROOK AVENUE  
City-State-Zip: WEST HILLS CA 91304

Title           MANAGER  
Name           SANDLER, DEBRA  
Address        8531 FALLBROOK AVENUE  
City-State-Zip: WEST HILLS CA 91304

Title           MANAGER  
Name           BOUELLE, JEFF  
Address        8531 FALLBROOK AVENUE  
City-State-Zip: WEST HILLS CA 91304

Title           MANAGER  
Name           TASHIRO, JUNJI  
Address        8531 FALLBROOK AVENUE  
City-State-Zip: WEST HILLS CA 91304

Title           MANAGER  
Name           INOUE, MAKOTO  
Address        8531 FALLBROOK AVENUE  
City-State-Zip: WEST HILLS CA 91304

*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:** JEFF BOUTELLE

**MANAGER**

**01/22/2019**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date