

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000001586

**Entity Name:** THERAMART LLC

**Current Principal Place of Business:**

7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166

**Current Mailing Address:**

7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166 US

**FEI Number:** 45-4103874

**Certificate of Status Desired:** No

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

LEAL, VICTOR  
7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33180 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	AMBR	Title	AMBR
Name	LEAL, VICTOR	Name	NASSAR, BETANIA
Address	7950 NW 53RD STREET SUITE 337	Address	2605 MAPLEWOOD DRIVE
City-State-Zip:	MIAMI FL 33180	City-State-Zip:	WEST PALM BEACH FL 33415

*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:** VICTOR LEAL

**CEO**

**03/31/2017**

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

\_\_\_\_\_  
Date