

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002599

Entity Name: SIGMA PHARMACEUTICALS, LLC

Current Principal Place of Business:

955 236TH ST NE STE 1
NORTH LIBERTY, IA 52317

Current Mailing Address:

PO BOX 228
MONTICELLO, IA 52317 US

FEI Number: 20-2007131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 FISHER, O.D., GARY W.
Address 108 W FIRST ST
City-State-Zip: MONTICELLO IA 52310

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: GARY W. FISHER, O.D.

MANAGER

02/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date