#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ASHLEY ELLIS **AUTHORIZED** REPRESENTATIVE

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

Electronic Signature of Signing Authorized Person(s) Detail

SUITE 208 COLUMBIA, SC 29210

Entity Name: AVITA DRUGS FLORIDA, LLC

**Current Principal Place of Business:** 

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Mailing Address:**

111 EXECUTIVE CENTER DR

DOCUMENT# M18000007118

111 EXECUTIVE CENTER DR SUITE 208 COLUMBIA, SC 29210 US

FEI Number: 32-0575515

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

## Authorized Person(s) Detail :

Title	MANAGER		Title	CEO
Name	EPPS, CHRISTI		Name	COLQUITT, C. CODY
Address	111 EXECUTIVE CENTER DR SUITE 208 COLUMBIA SC 29210	Address	111 EXECUTIVE CENTER DR, 228	
City-State-Zip:		City-State-Zip:	COLUMBIA SC 29210	
Title	AUTHORIZED REPRESENTATIVE			
Name	ELLIS, ASHLEY			
Address	111 EXECUTIVE CENTER DR SUITE 208			
City-State-Zip:	COLUMBIA SC 29210			

04/22/2020

# FILED Apr 22, 2020 Secretary of State 9533758681CC

Date

Certificate of Status Desired: No

Date