

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000007496

Entity Name: PHARMACIRCLE, LLC.

Current Principal Place of Business:

323 SUNNY ISLES BLVD, STE 700
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

3101 S OCEAN DR, APT 2908
HOLLYWOOD, FL 33019 US

FEI Number: 06-1713373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARARLI, TUGRUL
323 SUNNY ISLES BLVD, STE 700
SUNNY ISLES BEACH, FL 33160 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 P
Name KARARLI, TUGRUL
Address 3101 S OCEAN DR, APT 2908
City-State-Zip: HOLLYWOOD FL 33019

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: TUGRUL KARARLI

PRESIDENT

03/02/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date