

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90158 028 ****50.00

DOCUMENT # L02000025846

1. Entity Name
STEP UP CONCEPTS, LLC



Principal Place of Business
**2033 TRADE CENTER WAY
NAPLES, FL 34109**

Mailing Address
**2033 TRADE CENTER WAY
NAPLES, FL 34109**

60007204



2. Principal Place of Business

1150 Power St. #1

Suite, Apt. #, etc.

3. Mailing Address

425 W. COLONIAL DR.

Suite, Apt. #, etc.

204

01312005 Chg-LLC CR2E083 (10/03)

City & State

Naples Florida

City & State

ORLANDO FL

Zip

34104

Country

USA

Zip

32804

Country

USA

4. FEI Number

47-0901489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, KEN
2033 TRADE CENTER WAY
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name

JONATHAN D. WOODS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

Semper Woods, P.A.

425 W. COLONIAL DR. #204

City

ORLANDO

FL

Zip Code

32804

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and filed if applicable.

JONATHAN D. WOODS

(NOTE: Registered Agent signature required when reinstating)

1/31/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMDEN GROUP LLC
2033 TRADE CENTER WAY
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARDON PHARMACEUTICALS USA LLC
425 W. COLONIAL DR. #204
ORLANDO FL 32804** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

CHRIS CARDON, MANAGER CARDON PHARMACEUTICALS USA LLC 1/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #