

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011632

Entity Name: RB PHARMA USA, LLC

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

950 S PINE ISLAND ROAD  
SUITE #A-150  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

950 S PINE ISLAND ROAD  
SUITE #A-150  
PLANTATION, FL 33324 US

**New Mailing Address:**

FEI Number: 98-0395636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
DEERFIELD BEACH, FL 33441 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RB PHARMA S/S LTDA.  
Address: RUA ALEXANDRE DUMAS #1901  
City-St-Zip: SAO PAULO, SP 04717004 BR

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RB PHARMA S/S LTDA.

MGRM

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date