

FILED
Mar 13, 2007 8:00 am
Secretary of State

DOCUMENT # L04000014805

Mailing Address
6850 NINETEEN MILE ROAD
STERLING HEIGHTS, MI 48314

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0790882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: _____

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

3100 SW 15th Street

City	FL	Zip Code
Deerfield Beach		33442

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

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

9. **MANAGING MEMBERS/MANAGERS**

10. ADDITIONS/CHANGES

☐ Date:

☐ **Done**

☒ Change ☐ Addition☐ Change ☐ Addition☐ Check ☐ Add time

Pharmacokinetics

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date: _____

Devarina Panna 4