

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000077421

**FILED**  
**Nov 18, 2005**  
**Secretary of State**

**Entity Name:** JOHNSON'S PHARMACEUTICALS, LLC

**Current Principal Place of Business:**

380 NW 48 PLACE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

380 NW 48 PLACE  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 20-1792342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NUNEZ, SERGIO  
380 NW 48 PLACE  
MIAMI, FL 33126 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: SN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NUNEZ, SERGIO  
Address: 380 NW 48 PLACE  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: MARTINEZ, VIVIANA  
Address: 380 NW 48 PLACE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MARTINEZ, VIVIANA  
Address: 380 NW 48 PLACE  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SN

MGR

11/18/2005

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