

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90043 036 ****50.00

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1. Entity Name

PHARMAUSA, LLC



Principal Place of Business

18791 NE LIVEOAK LANE
BLOUNTSTOWN FL 32424
US

Mailing Address

18791 NE LIVEOAK LANE
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2126976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFKILL, LORNA G
108 NORTH MARIE DRIVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Lorna G. Wolfkill

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

3210 Whirl a way Tr

City Tallahassee

FL

Zip Code

32309

8. The above named entity, submitting 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

Lorna G. Wolfkill, mgrm 4/13/05

FILE NOW!!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WOLFKILL, LORNA G
STREET ADDRESS 108 NORTH MARIE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE MGRM ☐ Delete
NAME BENNETT, CARL A
STREET ADDRESS 18791 NE LIVEOAK LANE
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

Lorna G. Wolfkill 4/13/05 850-527-4162