

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088934

FILED
Apr 05, 2012
Secretary of State

Entity Name: MP PHARMACEUTICAL, LLC

Current Principal Place of Business:

15443 SW 35 TER
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

PO BOX 941865
MIAMI, FL 33194

New Mailing Address:

FEI Number: 20-2050980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, MARYSE
15443 SW 35TH TERRACE
MIAMI, FL 33185 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: PSD
Name: PIERRE, MARYSE
Address: 15443 SW 35TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: MGR
Name: PIERRE, MARYSE PIERRE
Address: 15443 SW 35 TER
City-St-Zip: MIAMI, FL 33185

Title: MGR
Name: PIERRE, MARYSE
Address: 15443 SW 35 TER
City-St-Zip: MIAMI, FL 33185

Title: MGR
Name: PIERRE, MARYSE
Address: 15443 SW 35 TER
City-St-Zip: MIAMI, FL 33185

Title: MGR
Name: PIERRE, MARYSE
Address: 15443 SW 35 TER
City-St-Zip: MIAMI, FL 33185

Title: MGR
Name: PIERRE, MARYSE
Address: 15443 SW 35 TER
City-St-Zip: MIAMI, FL 33185

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: MARYSE PIERRE

PSD

04/05/2012

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