

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000065326

1. Entity Name
PURE PHARMACEUTICALS, LLC



Principal Place of Business
**8100 SW 81 ST DRIVE
210
MIAMI, FL 33143 US**

Mailing Address
**8100 SW 81 ST DRIVE
210
MIAMI, FL 33143 US**



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3085774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HECHTMAN, BARRY
8100 SW 81 ST DRIVE
210
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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**

000000723555
05/02/07-80074-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOB PIERCE ENTERPRISES, INC 8100 SW 81 ST DRIVE 210 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECHMAN, BARRY I 8100 SW 81 DR., #210 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERRE, ROBERT 8100 SW 81 DR., #210 MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Barry A. Hechtman

4/13/07

305-270 004 x 102

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

Date

Daytime Phone #