

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084923

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** VEDA ESSENTIAL THERAPEUTICS, LLC

**Current Principal Place of Business:**

432 EAST ORANGE ST.  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

432 EAST ORANGE ST.  
TARPON SPRINGS, FL 34689 UN

**Current Mailing Address:**

432 EAST ORANGE ST.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 20-5487746      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THOMPSON, DIANA  
432 EAST ORANGE ST.  
TARPON SPRINGS, FL 34689 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:** MGRM  
**Name:** THOMPSON, DIANA  
**Address:** 432 EAST ORANGE ST.  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** MGRM  
**Name:** SOLOMON, SERGIO  
**Address:** 450 JOYCE TERRACE NORTH  
**City-St-Zip:** TARPON SPRINGS, FL 33701

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: DIANA Y THOMPSON

MGRM

04/08/2012

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