

L07000066199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

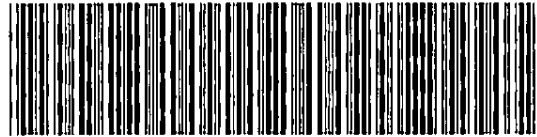
(Business Entity Name)

(Document Number)

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FILED  
MAR 26 2021  
AM 8:51  
STATE OF FL

2021

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2021

PHARMPACC LLC  
6464 CABALLERO BLVD  
CORAL GABLES, FL 33146

SUBJECT: PHARMPACC LLC  
Ref. Number: L07000066199

We have received your document for PHARMPACC LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 321A00011932

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pharmpace LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina M Beaupertuy

Name of Person

Pharmpace LLC

Firm/Company

6464 Caballero blvd

Address

Coral Gables, FL 33146

City/State and Zip Code

cbeaupertuy@pharmpace.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina M Beaupertuy at (305) 9755119  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee - *not enclosed (see letter)* ☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Pharmpace LLC

2. (a) Pharmpace LLC (b) Pharmpace LLC

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

135 San Lorenzo Ave, Suite 730

Coral Gables, FL 33146

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

135 San Lorenzo Ave, Suite 730

Coral Gables, FL 33146

8/13/2020

L07000066199

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Carlos F de Mendia

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1120 S. Alhambra Cir

Coral Gables, FL 33146

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Carlos G Mendia

NEW Registered Office Address:

101 Ocean Lane Dr, Apt 4017

Key Biscayne, FL 33149

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cristina M Beauperthuy

Signature of a member or authorized representative of a member

Cristina Mendia Beauperthuy

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Carlos G. Mendia

Signature of Registered Agent