

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000069542

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** PHARMARUS DISTRIBUTORS LLC

**Current Principal Place of Business:**

8290 SOUTHWEST 99TH STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

8290 SOUTHWEST 99TH STREET  
MIAMI, FL 33156

**New Mailing Address:**

550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134

**FEI Number:** 22-3065645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STULA, GREGORY MGR  
8290 SW 99 ST.  
MIAMI, FL 33156 US

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

SAMLUT & COMPANY  
550 BILTMORE WAY  
200  
CORAL GABLES, FL 33134 US

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:** CARLOS SAMLUT

06/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** NEPRANOVA, ANNA  
**Address:** 550 BILTMORE WAY  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** ANNA NEPRANOVA

MGR

06/17/2010

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