2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State
05-29-2008 90013 001 ***143.75

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1. Entity Name
E5 PHARMA, LLC

Principal Place of Business
3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065

Mailing Address
3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 260875196 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, ROBERT J JR
3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
D Edwards, Robert J Jr. 7431 W. Cypress Head Dr Parkland FL 33067	☐
D Kraemer, Mark 2651 Forest Circle Jacksonville FL 32257	☐
D Weston, Steven 6289 NW 62nd Terr. Parkland FL 33067	☐
	☐
	☐
	☐

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #