

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055123

FILED
Aug 11, 2009
Secretary of State

Entity Name: G2 PHARMA, LLC

Current Principal Place of Business:

5105 RUE VENDOME
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5105 RUE VENDOME
LUTZ, FL 33558

New Mailing Address:

FEI Number: 26-2752544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOMEZ, HECTOR J
5105 RUE VENDOME
LUTZ, FL 33558 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR () Change (X) Addition
Name: GOMEZ, HECTOR J DR
Address: 5105 RUE VENDOME
City-St-Zip: LUTZ, FL 33558

Title: MR () Change (X) Addition
Name: GABRIEL, RICHARD H
Address: 505 PARADISE RD # 281
City-St-Zip: SWAMPSCOTT, MA 01907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HECTOR J GOMEZ

DR

08/11/2009

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