

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019818

Entity Name: VELONA THERAPY LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2330 PARK STREET  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

2330 PARK STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2330 PARK STREET  
JACKSONVILLE, FL 32220

**New Mailing Address:**

2330 PARK STREET  
JACKSONVILLE, FL 32204

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CAKMIS, ZAMBIO  
9454 FISH ROAD  
JACKSONVILLE, FL 32220 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: CAKMIS, ZAMBIO  
Address: 9454 FISH ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

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: ZAMBIO CAKMIS

MGRM

04/26/2010

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