## 77J8800019

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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JUL - 5 2011

**EXAMINER** 



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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Navarro Pha</u> Name of	CMA LLC Limited Liability Company	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to the following:	
	Polly Tertocha Name of Person		
1	LAVARO Pharma LLC Firm/Company		
4443 NW 50th Dr. #102 Address			
<u>G</u> u	City/State and Zip Code	6	
be E-	amreach 77 e gmail address: (to be used for future annual report n	1-com notification)	
For fur	ther information concerning this matt	er, please call:	
Po	My Tertocha	at (919 ) 522-3757	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	A DECEMBER OF A 100 LAW OF A T	
Enclosed is a check for the following amount:			
2	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INH\$18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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:	Pharma LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Gainesville, FL 32606
(b) Mailing address of limited liability company:	Same as above
(Note: MAY BE POST OFFICE BOX)	
April 20, 2009  3. Date of filing/registration in Florida	L09000038679
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:
Registered Agent:	Robert P. Navarro
Registered Office Address:	Melbourne, FL 3234 E
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address 7
	700 B
NEW Registered Agent:	Jane
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1443 NW 50 H Frive # 102
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lamida atmost addmosa af the magistamed office
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

INHS18 (05/08) & Please note this is the new address for Navarro Pharma LLC

**FILING FEE: \$25.00**