

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000047648

**FILED**  
**Dec 15, 2010**  
**Secretary of State**

**Entity Name:** TRIGLOBAL PHARMA, LLC

**Current Principal Place of Business:**

4440 PGA BLVD., SUITE 600  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 30633  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, DONALD W  
4440 PGA BLVD., SUITE 600  
PALM BEACH GARDENS, FL 33410 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: DWM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FREEMAN, JON G  
Address: 6896 W ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33063 US

Title: MGR  
Name: MACPHERSON, MICHAEL  
Address: 6869 W ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33063 US

Title: MGR  
Name: MILLER, DONALD W  
Address: 4440 PGA BLVD., SUITE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: JGF

MANA

12/15/2010

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