

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110234

Entity Name: PHARMA, LLC

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6801 US HIGHWAY 27 NORTH  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

6801 US HIGHWAY 27 NORTH  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 27-1315205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINOD, PATEL  
1406 US 27 NORTH  
SEBRING, FL 33870 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: MGR  
Name: BOSMIA, RASIK  
Address: PO BOX 4465  
City-St-Zip: OCEANSIDE, CA 92052

Title: MGRM  
Name: PATEL, VINOD  
Address: 1406 US 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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: VINOD PATEL

MGRM

05/04/2011

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