

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031427

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** ALA-SEPTIC PHARMACEUTICAL RESEARCH, LLC

**Current Principal Place of Business:**

4626 MIRABELLA COURT  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

4626 MIRABELLA COURT  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 30-0621963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, ALLEN J  
4626 MIRABELLA COURT  
ST. PETE BEACH, FL 33706 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:** COHEN, ALLEN J  
**Address:** 4626 MIRABELLA COURT  
**City-St-Zip:** ST. PETE BEACH, FL 33706

**Title:** ASST  
**Name:** COHEN, VIKTORIYA  
**Address:** 4626 MIRABELLA COURT  
**City-St-Zip:** ST PETE BEACH, FL 33706

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:** ALLEN JAY COHEN

MGR

01/24/2011

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