2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 28, 2012
Secretary of State

DOCUMENT# L11000035149

Entity Name: MOGA THERAPEUTICS LLC

Current Principal Place of Business:

3015 FLORIDA BLVD
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

3015 FLORIDA BLVD
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRESS, NICHOLAS R
3015 FLORIDA BLVD
DELRAY BEACH, FL 33483 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: CRESS, NICHOLAS R
Address: 3015 FLORIDA BLVD
City-St-Zip: DELRAY BEACH, FL 33483

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 Statues.

SIGNATURE: NICHOLAS R CRESS MGR 09/28/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date