

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000038061

**Entity Name:** IPHARMA, LLC

**FILED**  
**Dec 06, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

2032 6TH AVE NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2032 6TH AVE NORTH  
ST. PETERSBURG, FL 33713

**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:**

SMITH, ANN  
2032 6TH AVE NORTH  
ST. PETERSBURG, FL 33713 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: ANN SMITH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, JOHN  
Address: 2032 6TH AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGRM  
Name: SMITH, ANN  
Address: 2032 6TH AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

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: JOHN SMITH

MGR

12/06/2013

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