## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M02000002326

Entity Name: GLADES PHARMACEUTICALS, LLC

**FILED** Nov 15, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6340 SUGARLOAF PARKWAY SUITE 400 **DULUTH, GA 30097** 

**Current Mailing Address: New Mailing Address:** 

2205 NORTHMONT PARKWAY 255 ALHAMBRA CIRCLE 1000 CORAL GABLES, FL 33134 SUITE 100 DULUTH, GA 30096

FEI Number: 58-2113139 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BUCKLEY, DEVIN G SKOW, RICHARD L

255 ALHAMBRA CIRCLE, SUITE 1000 255 ALHAMBRA CIRCLE, SUITE 1000 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

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: RICHARD L. SKOW 11/15/2006

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

## MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change ( ) Addition () Delete BRUNKEN, TERESITA L SKOW, RICHARD L Name: Name:

6340 SUGARLOAF PARKWAY #400 Address: 2205 NORTHMONT PARKWAY, SUITE 100 Address:

City-St-Zip: **DULUTH, GA 30097** City-St-Zip: DULUTH, GA 30096

Title: MGRM () Delete Title: (X) Change ( ) Addition MURPHY, BRENDAN J Name: ALKINS, DARREN C Name:

Address: 500 SATELLITE BOULEVARD Address: 2205 NORTHMONT PARKWAY

City-St-Zip: SUWANEE, GA 30174 City-St-Zip: DULUTH, GA 30096

Title: () Delete Title: (X) Change ( ) Addition THOMPSON, JEFF Name: CORNELIUS, MICHAEL T Name:

6340 SUGARLOAF PARKWAY #400 255 ALHAMBRA CIRCLE, SUITE 1000 Address: Address:

City-St-Zip: DULUTH, GA 30097 City-St-Zip: MIAMI, FL 33134

(X) Change ( ) Addition Title: ( ) Delete Title: SVP

BUCKEY, DEVIN G Name: Name: CUNARD, ROBERT G

255 ALHAMBRA CIR., STE 1000 2205 NORTHMONT PARKWAY, SUITE 100 Address: Address:

City-St-Zip: MIAMI, FL 33134 City-St-Zip: DULUTH, GA 30096

Title: () Delete Title: ( ) Change (X) Addition

FOX-BUTLER, PATRICIA Name: Name:

225 ALHAMBRA CIRCLE, SUITE 1000 Address: Address:

MIAMI, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD L. SKOW