

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M05000001754

FILED
Aug 07, 2009
Secretary of State**Entity Name:** RELIANCE PHARMACEUTICALS, LLC**Current Principal Place of Business:**3407 NW 9TH AVE
SUITE 250
FORT LAUDERDALE, FL 33309**New Principal Place of Business:**205 EAST CENTRAL BLVD.
#400A
ORLANDO, FL 32801**Current Mailing Address:**3407 NW 9TH AVE
SUITE 250
FORT LAUDERDALE, FL 33309**New Mailing Address:**205 EAST CENTRAL BLVD.
#400A
ORLANDO, FL 32801**FEI Number:** 42-1641575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POHL & SHORT, P.A.
280 W. CANTON AVENUE SUITE 410
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**LSEB AGENT SERVICES, INC.
390 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US

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: BRUCE D. KNAPP

08/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: MOTHRA HOLDING COMPANY, LLC
Address: 110 OSCEOLA COURT
City-St-Zip: WINTER PARK, FL 32789**Title:** MGR (X) Delete
Name: KARSCH, SAM
Address: 11202 NW 71ST COURT
City-St-Zip: PARKLAND, FL 33076**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL GOUDA

MGRM

08/07/2009

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