

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006134

Entity Name: PHARMAVITE LLC

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

8510 BALBOA BLVD., SUITE 100
NORTHRIDGE, CA 91325

New Principal Place of Business:

Current Mailing Address:

8510 BALBOA BLVD., SUITE 100
NORTHRIDGE, CA 91325

New Mailing Address:

FEI Number: 43-1951087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MACLEAN, DOUGLAS
Address: 8510 BALBOA BLVD., SUITE 100
City-St-Zip: NORTHRIDGE, CA 91325

Title: MGR
Name: UCHIDA, SHUN
Address: ONE EMBARACADERO CENTER, SUITE 2020
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGR
Name: YOSHIKAWA, HIROMI
Address: 2240 RESEARCH BLVD.
City-St-Zip: ROCKVILLE, MD 20850

Title: MGR
Name: INAKA, HIROSHI
Address: ONE EMBARACADERO CENTER, SUITE 2020
City-St-Zip: SAN FRANCISCO, CA 94111

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: DOUGLAS MACLEAN BY KAREN LAMONTIA

MR.

01/05/2011

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