

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005660

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** PHARMA RESOURCES INTERNATIONAL LLC

**Current Principal Place of Business:**

PMB 259 380 S. STATE ROAD 434, STE. 1004  
380 S STATE ROAD 434, SUITE 1004 PMB 259  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 259 380 S. STATE ROAD 434, STE. 1004  
380 S STATE ROAD 434, SUITE 1004 PMB 259  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 27-4241248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AM&E SERVICES LLC  
605 E. ROBINSON STREET, STE. 730  
380 S STATE ROAD 434, SUITE 1004 PMB 259  
ORLANDO, FL 32801 US

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

LONGO, GREGORY A MGR  
380 S STATE ROAD 434  
SUITE 1004 PMB 259  
ORLANDO, FL 32714 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: GREGORY A LONGO

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LONGO, GREGORY A  
Address: PMB 259 380 S. STATE ROAD 434, STE. 1004  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GREGORY A LONGO

MGR

04/18/2012

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