

M1000000 5660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2013 JAN 14 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pharma Resources International LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory A Longo
Name of Person

Pharma Resources International LLC
Firm/Company

501 North Orlando Avenue
Address
Ste 313-259
Winter Park FL 32789
City/State and Zip Code

g.longo@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory A. Longo at (407) 616-6641
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2012

GREG LONGO
501 NORTH ORLANDO AVENUE
SUITE 313-259
WINTER PARK, FL 32789

SUBJECT: PHARMA RESOURCES INTERNATIONAL LLC
Ref. Number: M10000005660

We have received your document for PHARMA RESOURCES INTERNATIONAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 312A00025084

*we made the corrections
as you directed*

BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Pharma Resources International, LLC

2. (a) Principal office address of limited liability company: 501 N. Orlando Ave

(Note: **MUST BE STREET ADDRESS**)

Suite 313-259

Winter Park FL

32789

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

same

12/20/2010
3. Date of filing/registration in Florida

M10000005660
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Gregory A. Longo

Registered Office Address:

PMB 259 380 S. SR. 434

Ste. 1004

Altamonte Spgs FL 32714

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

501 N. Orlando Ave

Ste. 313-259

Winter Park, FL 32789

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Gregory A. Longo
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JAN 14 AM 8:41
TALLAHASSEE, FLORIDA
CLERK OF STATE