

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

04 MAY 17 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S04132903939

05/05/04 90006 004 \$50.00

DOCUMENT # M97000000688

1. Entity Name

MUNDIPHARMA LLC



Principal Place of Business

Mailing Address

1110 BRICKELL AVE., STE. 513
MIAMI FL 33131

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MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0634229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARISCO, ENRICO
1110 BRICKELL AVENUE, STE. 513
MIAMI FL 33131

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL Zip Code 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

3/17/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	V	<input type="checkbox"/> Delete
NAME	UDELL, HOWARD R	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAKER, STUART D	
STREET ADDRESS	30 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Stuart D. Baker

Stuart D. Baker, Vice President 4-26-04