I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: RICK NIELSEN

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 06-1797061

### Name and Address of Current Registered Agent:

NIELSEN, RICK 1301 NW 84TH AVE # 101 MIAMI, FL 33126 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	: RICK NIELSEN	11/03/2020			
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MANAGER		
Name	NIELSEN, RICK	Name	SCHAFER, STEVEN		
Address	1301 NW 84TH AVE # 101	Address	1301 NW 84TH AVE # 101		
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126		

# DOCUMENT# L06000101511

Entity Name: USVI PHARMACEUTICALS LLC

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

### **Current Principal Place of Business:**

1301 NW 84TH AVE # 101 MIAMI, FL 33126

## **Current Mailing Address:**

1301 NW 84TH AVE # 101 MIAMI. FL 33126

Certificate of Status Desired: Yes

FILED Nov 03, 2020 Secretary of State 3092449470CR

11/03/2020

Date