

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000062738

**Entity Name:** INFUPHARMA LLC

**Current Principal Place of Business:**

2013 HARDING ST  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2013 HARDING ST  
HOLLYWOOD, FL 33020 US

**FEI Number:** 26-2863573

**Certificate of Status Desired:** No

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

RIZO, MICHEL  
6720 TYLER ST  
HOLLYWOOD, FL 33024 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RIZO, MICHEL  
Address 6720 TYLER ST  
City-State-Zip: HOLLYWOOD FL 33024

*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.*

**SIGNATURE:** MICHEL RIZO

MGRM

01/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date