

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031427

**Entity Name:** ALA-SEPTIC PHARMACEUTICAL RESEARCH, LLC

**Current Principal Place of Business:**

6045 CALAIS BLVD. N., #9  
ST. PETERSBURG, FL 33714

**Current Mailing Address:**

6045 CALAIS BLVD.N., #9  
ST. PETERSBURG, FL 33714 US

**FEI Number:** 30-0621963

**Certificate of Status Desired:** Yes

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

COHEN, ALLEN J  
6045 CALAIS BLVD.N., #9  
ST. PETERSBURG, FL 33714 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 MGR  
Name COHEN, ALLEN J  
Address 6045 CALAIS BLVD.N., #9  
City-State-Zip: ST. PETERSBURG FL 33714

Title ASST  
Name COHEN, VIKTORIYA P  
Address 6045 CALAIS BLVD.N., #9  
City-State-Zip: ST PETERSBURG FL 33714

*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:** ALLEN JAY COHEN

MGR

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date