

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000086829

**Entity Name:** PHARM/EX GLOBAL LLC

**Current Principal Place of Business:**

1920 E. HALLANDALE BCH BLVD  
SUITE 602  
HALLANDALE, FL 33009

**Current Mailing Address:**

107 WESTWARD DRIVE  
#660806  
MIAMI SPRINGS, FL 33266-0806 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ALWEISS, IRA  
1920 E. HALLANDALE BCH BLVD  
SUITE 602  
HALLANDALE, FL 33009 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 ALWEISS, IRA  
Address 107 WESTWARD DRIVE  
#660806  
City-State-Zip: MIAMI SPRINGS FL 33266-0806

*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:** IRA ALWEISS

**MANAGER**

**04/30/2014**

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

\_\_\_\_\_  
Date