

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000082247

Entity Name: PHARMA-SYNC LLC

Current Principal Place of Business:

489 PORTA ROSA CIRCLE
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

489 PORTA ROSA CIRCLE
SAINT AUGUSTINE, FL 32092 US

FEI Number: 46-5745642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VICKI MIDDLEKAUFF CMA, PA
786 BLANDING BLVD.
STE. 120
ORANGE PARK, FL 32065 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 SLEVIN, JOHN
Address 489 PORTA ROSA CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32092

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: JOHN SLEVIN

MGR

02/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date